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SECRETARY OF CORNUNAMENT

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: The Lighthouse Fort Myers Inc (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are all original	mai and one (1) copy of the ai	ncies of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
		ADDITIONAL CO	PY REQUIRED

FROM:	The Lighthouse Fort Myers Inc
	Name (Printed or typed)
	2049 Canal Street
	Address
	Fort Myers, FL 33901
	City, State & Zip
	239.321.1394
,	Daytime Telephone number
	jeffschaller70@yahoo.com E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corp	oration shall be: The Lighthous	e Fort Myers, Inc	<u>.</u>
ARTICLE II F	PRINCIPAL OFFICE Principal street address Al Street	Mailing address, if different is:	
	s, FL 33901		
to engage	verose the corporation is organized is: The point any lawful act or action of the granized under the General control of the corporation is organized in the corporation in the corporation in the corporation is organized in the corporation in the corporation in the corporation is organized in the corporation in the corporatio	vity for which a Corp	oration
			DIVISION OF 14 MAR 3
ARTICLE V II	HARES of stock is: 1,000 WITIAL OFFICERS AND/OR DIRECTOR itle: Jeffrey Schaller	RS Name and Title:	PM 12: 22
Address	President 2049 Canal Street	Address:	
	Ft Myers, FL 33901		
Name and Tit	Vice President	Name and Title:	
	2049 Canal Street Ft Myers, FL 33901		
Name and Tit	Secretary	Name and Title:	
	2049 Canal Street Ft Myers, FL 33901		

Name an	d Title;	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o	of the registered exect is:	
Name:	CPA Tax Advisors, Inc.	n the registered agent is.	
Address:	12951 Metro Pkwy #8	-	
Address.	Ft Myers, FL 33966	ـــــــــــــــــــــــــــــــــــــ	2
ARTICLE VII	INCORPORATOR	MAR 3	
The name and ad	dress of the Incorporator is:	•	
Name:	Jeffrey Schaller	PM 12: 27	ET.
Address:	2049 Canal St	22	
	Ft Myers, FL 33901	- -	X
Having been nam this certificate, I q	ed as registered agent to accept service of proces in familiar with and accept the appointment as re	s for the above stated corporation at the place designated i gistered agent and agree to act in this capacity	'n
XTIX	Ine.	1/16/14	
11 140	Required Signature/Registered Agent	Date	
I submit this docu document to the D	imen and affirm that the facts stated herein are repartness of Stille constitutes a third degree felor	true. I am aware that the false information submitted in y as provided for in s.817.155, F.S.	a
	Required Signature/Incorporator	1-16-14 Bate 14	
1/ '		•	

The Lighthouse Fort Myers

A Sober Living Community 2049 Canal St., Fort Myers

Florida Department of State

Divisions of Corporations

March, 21, 2014

RE: THE LIGHTHOUSE FORT MYERS, INC.

To whom it may concern:

Please accept this letter as a formal response to your letter dated January 28, 2014.

From the sole owner of The Lighthouse Fort Myers, inc. Document # N13000005305. The business was dissolved on December 31, 2013. I have no intention of revoking the dissolution, therefore I will release any and all use of the name to another entity.

Please allow the name The Lighthouse Fort Myers to be used by Jeffrey Schaller along with the attached correspondence.

If you have any questions please feel free to contact me.

Sincerely,

Jeffrey Schaller, presedent

(239) 321-1394

DIVISION OF COMPONIATIONS

14 MAR 31 PH 12: 22