

P14 000082908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

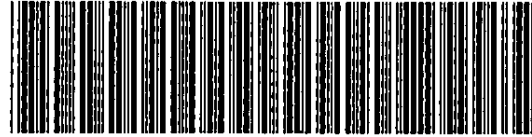
(Document Number)

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14 OCT -6 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

VH

## COVER LETTER

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

**SUBJECT: LEDLIGHTS INC.**

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: **VICTORIA MCDERMOTT**  
Name (Printed or typed)  
**1279 TIPPERARY DRIVE**  
Address  
**MELBOURNE, FL 32940**  
City, State & Zip  
**888-533-4887**  
Daytime Telephone number  
**VICTORIA@LEDLIGHTS.COM**  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 20, 2014

VICTORIA MCDERMOTT  
1279 TIPPERARY DRIVE  
MELBOURNE, FL 32940

SUBJECT: LEDLIGHTS INC.  
Ref. Number: W14000051076

We have received your document for LEDLIGHTS INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 414A00017942

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (P

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: **LEDLIGHTS INC.**

14 OCT -6 AM 7:45

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**1279 TIPPERARY DRIVE**

**MELBOURNE, FL 32940**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **DESIGN AND MANUFACTURING**

**ARTICLE IV SHARES**

The number of shares of stock is: **1500**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: **VICTORIA MCDERMOTT, PRESIDENT**

Address: **1279 TIPPERARY DRIVE  
MELBOURNE, FL 32940**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **VICTORIA MCDERMOTT, TREASURER**

Address: **SAME**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: **VICTORIA MCDERMOTT, SECRETARY**

Address: **SAME**

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

APPROVED (cont.)  
AND  
FILED

Name and Title: \_\_\_\_\_ Name and Title: 14 OCT -6 AM 7:45  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

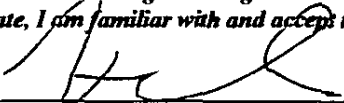
Name: VICTORIA MCDERMOTT  
Address: 1279 TIPPERARY DRIVE  
MELBOURNE, FL 32940

**ARTICLE VII INCORPORATOR**

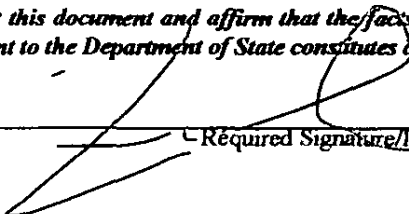
The **name and address** of the Incorporator is:

Name: VICTORIA MCDERMOTT  
Address: 1279 TIPPERARY DRIVE  
MELBOURNE, FL 32940

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

 5AUG14  
Required Signature/Registered Agent Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

 5AUG14  
Required Signature/Incorporator Date