| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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R. WHITE

COVER LETTER

400 mg

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

| JECT: Lightscapes, Inc (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
|--|---|--|--|--|
| inal and one (1) copy of the ar | ticles of incorporation and | l a check for: | | |
| \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED | | |
| | inal and one (1) copy of the ar \$78.75 Filing Fee | inal and one (1) copy of the articles of incorporation and \$78.75 Filing Fee \$78.75 Filing Fee | | |

| I: | Eric Koeppel | | | |
|----|---|--|--|--|
| •• | Name (Printed or typed) | | | |
| | 11102 Stonewood Forest Trail | | | |
| - | Address | | | |
| _ | Boynton Beach, FL 33473 | | | |
| | City, State & Zip | | | |
| | 561-236-5774 | | | |
| - | Daytime Telephone number | | | |
| 6 | Daytime Telephone number ekoeppel1030@gmail.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)

| CIFII DDU | NCIBAL OFFICE |) ' | 15001.20 AH 9: 1,0 |
|--|--|--|---|
| 2 Stonewood Fo | NCIPAL OFFICE Principal street address rest Trail | | Mading Address it different is |
| nton Beach, FL 3 | 3473 | | |
| PUR PUR PUR PURPOSE for which | POSE h the corporation is organized is: | and installation of low | voltage landscape lighting |
| | | | |
| | | S- 0.0 | |
| TICLE IV SHA | of stock is: | | |
| number of shares | of stock is: TIAL OFFICERS AND/OR DIRECTORS Frig Konnel Procident | | Joe Morello, Vice President |
| number of shares | of stock is: TIAL OFFICERS AND/OR DIRECTORS Frig Konnel Procident | S Name and Title Address: | Joe Morello, Vice President 3061 Casa Rio Court |
| number of shares TICLE V INIT Name and T | of stock is: **TAL OFFICERS AND/OR DIRECTORS** itle: Eric Koeppel, President | Name and Title |); |
| Name and T Address | of stock is: CIAL OFFICERS AND/OR DIRECTORS itle: Eric Koeppel, President 11102 Stonewood Forest Trail | Name and Title Address: | 3061 Casa Rio Court Palm Beach Gardens, FL 33418 |
| Name and T Address | TAL OFFICERS AND/OR DIRECTORS itle: Eric Koeppel, President 11102 Stonewood Forest Trail Boynton Beach, FL 33473 | Name and Title Address: Name and Title | 3061 Casa Rio Court Palm Beach Gardens, FL 33418 |
| Name and Ti | TAL OFFICERS AND/OR DIRECTORS itle: Eric Koeppel, President 11102 Stonewood Forest Trail Boynton Beach, FL 33473 | Name and Title Address: Name and Title Address: Address: | 3061 Casa Rio Court Palm Beach Gardens, FL 33418 |
| Name and Ti Address Name and Ti Address | TAL OFFICERS AND/OR DIRECTORS itle: Eric Koeppel, President 11102 Stonewood Forest Trail Boynton Beach, FL 33473 | Name and Title Address: Name and Title Address: Address: | 3061 Casa Rio Court Palm Beach Gardens, FL 33418 |

| Name a | nd Title: | Name and Title: | | |
|---------------------------------------|---|--|--|--|
| Addres | ss | Address: | | |
| | | | | |
| ARTICLE VI | <u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptabl | a) of the registered agent is: | | |
| Name: | Eric Koeppel | of the registered agent is. | | |
| Address: | 11102 Stonewood Forest Trail | | | |
| | Boynton Beach, FL 33473 | | | |
| ARTICLE VII | <u>INCORPORATOR</u> | | | |
| The name and a | address of the Incorporator is: | | | |
| Name: | Eric Koeppel | <u> </u> | | |
| Address: | 11102 Stonewood Forest Trail | | | |
| | Boynton Beach, FL 33473 | | | |
| Effective date, it | | (OPTIONAL) nnot be more than five business days prior or 90 business | | |
| Note: If the date the document's of | e inserted in this block does not meet the applica effective date on the Department of State's recor | ble statutory filing requirements, this date will not be listed as ds. | | |
| Having been na this certificate, I | med as registered ligent to accept service of pro am familiar with and accept the appointment as | cess for the above stated corporation at the place designated in registered agent and agree to act in this capacity | | |
| | tuk () | 07-16-2015 | | |
| | Required Signature/Registered Agent | Date | | |
| I submit this do | cument and affirm that the facts stated herein Department of State constitutes a third degree fo | are true. I am aware that the false information submitted in a clony as provided for in s.817.155, F.S. | | |
| Zu | | 07-16-2015 | | |
| Requ | irea Signature/Incorporator | Date | | |