

P15000077177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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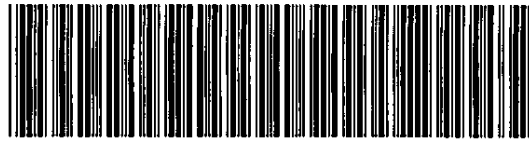
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
15 SEP 11 PM 12:19

09/21/15

## COVER LETTER

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

**SUBJECT:** Hotlight Corp.

(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 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

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

FROM: Abraham Ash  
Name (Printed or typed)  
361 SW 20th Rd.  
Address  
Miami, FL 33129  
City, State & Zip  
(305) 586-9734  
Daytime Telephone number  
abcashmiami@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)

**ARTICLE I NAME**

The name of the corporation shall be: Hottlight Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address <u>361 SW 20th Rd</u> <u>Miami, Fl. 33129</u>	Mailing address, if different is: _____ _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To list the partners involved and eventually set up with the IRS a  
Tax ID number. Also to mention that Abraham Ash is to own 35 shares of the Hottlight Corp. and Richard Roca is to own  
65% of the Hottlight Corp.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: <u>Abraham Ash / President</u> Address: <u>361 SW 20th Rd</u> <u>Miami, Fl. 33129</u>	Name and Title: <u>Richard Roca / CEO</u> Address: <u>690 SW 1st Ct #1125</u> <u>Miami, Fl. 33130</u>
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____

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

**ARTICLE VI REGISTERED AGENT**

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

Name: \_\_\_\_\_ Abraham Ash  
Address: \_\_\_\_\_ 361 SW 20th Rd  
\_\_\_\_\_ Miami, Fl. 33129  
\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: \_\_\_\_\_ Abraham Ash  
Address: \_\_\_\_\_ 361 SW 20th Rd  
\_\_\_\_\_ Miami, Fl. 33129  
\_\_\_\_\_

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

\_\_\_\_\_  
Required Signature/Registered Agent **Abraham Ash**

**9/9/15**  
\_\_\_\_\_  
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.*

\_\_\_\_\_  
Required Signature/Incorporator **Abraham Ash**

**9/9/15**  
\_\_\_\_\_  
Date