

P16 000007426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

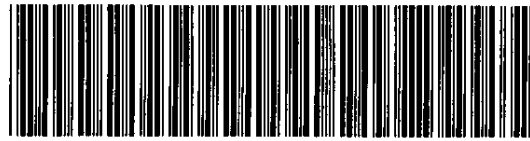
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

P

Office Use Only



900281061609

01/19/16--01038--019 **78.75

FILED
16 JAN 19 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/27/16

COVER LETTER

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

SUBJECT: Lighthouse Equipment Management Solutions 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
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: Fred Cox

Name (Printed or typed)

3251 Marsh Rd.

Address

Deland, Fl. 32724

City, State & Zip

386-738-1550

Daytime Telephone number

coxfl@msn.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: Lighthouse Equipment Management Solutions Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3251 Marsh Rd.

same

Deland, Fl. 32724

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Inspection and repair of Medical devices

For Hospital, Doctors Office, Dental Office, Nursing Homes,, Ems and

Ems providers.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fred Cox Pres.

Name and Title: _____

Address 3251 Marsh Rd.

Address: _____

Deland, Fl. 32724

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
16 JAN 19 PM 4:50
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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: Fred Cox _____
Address: 3251 Marsh Rd. _____
Deland, Fl. 32724 _____

ARTICLE VII INCORPORATOR

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

Name: Fred Cox _____
Address: 3251 Marsh Rd. _____
Deland, Fl. 32724 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-04-2016 (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

Fred Cox Fred Cox 01-04-2016
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.

Fred Cox Fred Cox 01-04-2016
Required Signature/Incorporator Date

FILED
16 JAN 19 PM 4:50
CLERK OF STATE
TALLAHASSEE, FLORIDA