P16000040000

(Re	equestor's Name)				
(Ad	ldress)				
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
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W16-033758



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 9, 2016

SEAN MCDANIEL 6561 WILLOW LAKE CIR. FT. MYERS, FL 33966

SUBJECT: ADVANCED IRRIGATION & LIGHTING SOLUTIONS

Ref. Number: W16000033758

We have received your document for ADVANCED IRRIGATION & LIGHTING SOLUTIONS 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 must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 616A00009659

COVER LETTER

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

SUBJECT: Advanced Irrigation & Cighting Solutions
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: Sear McDaniel

Name (Printed or typed)

6561 Willow Lake Circle

Address

FT Maers FL. 33966

City, State & Zip

(339) 470-6265

Daytime Telephone number

Lem 3395 @ a mail. 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 corporation shall be: Advanced Trick ARTICLE II PRINCIPAL OFFICE Principal street address CSC W. (Low Cake Curtle)			Mailing address, if different is:		
		Mailing add			
	55, FL. 33966	•			
					
ARTICLE III PUI The purpose for which	the corporation is organized is:	s deliver ist	igation		
Service	ch the corporation is organized is: 7	ical and re	sidential		
	-ties				
		THE PART AND ADMINISTRATION OF	SEC. 35		
			<u> </u>		
ARTICLE IV SHA	ARES s of stock is: 100				
	1				
	TIAL OFFICERS AND/OR DIRECTO				
Name and T	File: Same porfanie President low ne 4561 willow to	Name and Title:			
Address	6561 willow to	KR Ci Address:			
	FT. noyers FC. 33	766			
Name and T	itle:	Name and Title:			
	W-100	Address:			
Address	·				
Address					
Address					
		Name and Title:			

Name and	l Title:	Name and Title:	
Address		Address:	
ADTICLE LIL	DEGLOTTED ED AGENT		
	REGISTERED AGENT prida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Seam mcDaniel		
Address:	6561 willow take c	iele	
	FT myess FL. 33966	_	AP8 29
ARTICLE VII	NCORPORATOR		Part of the second
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Secen milaniel 6561 willow cake co	_	Manua.
Address:	6561 willow cake co	icle	
	FT PAYER FL 3396	<u> </u>	
Effective date, if o	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific and cannot	(OPTIONAL) not be more than five business o	days prior or 90 business
	inserted in this block does not meet the applicabl fective date on the Department of State's records		his date will not be listed as
Having been nam this certificate, I a	ed as registered agent to accept service of proce m familiar with and accept the appointment as r	ss for the above stated corporati egistered agent and agree to act t	on at the place designated in in this capacity
Sen	- mestil		4-8-16 Date
7	Required Signature/Registered Agent	- 	Date
	iment and affirm that the facts stated herein ar Separtment of State constitutes a third degree felo		
1	(mchhl)		1 - 1/
Requir	ed Signature/Incorporator		<u> 4-8-/6</u> Date