

PIB 000090331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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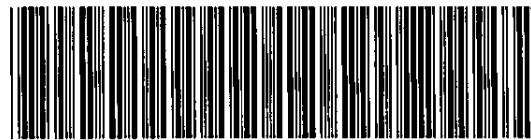
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

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

SUBJECT: Rising Light Investments 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: Joy Leverett  
Name (Printed or typed)

130 Glynlea Rd  
Address

Jacksonville FL 32216  
City, State & Zip

904-402-3787  
Daytime Telephone number

risinglightinvestments@outlook.com  
E-mail address (to be used for future annual report notification)

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

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TALLAHASSEE  
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**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: Rising Light Investments Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

130 Glynlea Rd  
Jacksonville FL 32216**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: any and all lawful  
business**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Pres. Jay Leverett

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

Address

130 Glynlea Rd  
Jacksonville  
FL 32216

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

Name and Title: VP, Stephen Keller

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

Address

130 Glynlea Rd  
Jacksonville  
FL 32216

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

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

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

Address

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

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SECRET  
STATE  
CRIDA

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:

In Corp Services, Inc.

Address:

17888 67 Court North  
Lexahatchee FL 33470**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name:

Joy Leverett

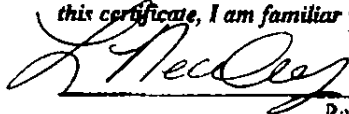
Address:

130 Glyndale Rd  
Jacksonville FL 32216FILED  
SECRETARY OF STATE  
TALLAHASSEE  
16 NOV -7 PM 2:32**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 11/1/2017 (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



Leora Nealey for InCorp Services, Inc.

10/31/2016

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.



Required Signature/Incorporator

10/28/16  
Date