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## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850) 617-6381

## From:

Account Name : CAPITOL SERVICES, INC.  
Account Number : 120160000017  
Phone : (800) 345-4647  
Fax Number : (800) 432-3622

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

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BUREAU OF CORPORATE  
INFORMATION SERVICESFLORIDA PROFIT/NON PROFIT CORPORATION  
THE LIGHTING GALLERY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

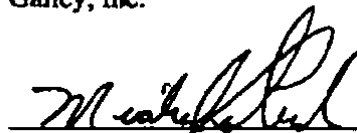
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\*\*\*ATTN: JUAN\*\*\*ATTN: JUAN\*\*\*ATTN: JUAN

## CONSENT TO USE NAME


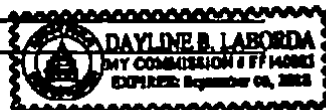
1. JYML, Inc., formerly known as The Lighting Gallery, Inc., Document Number F85367, FEIN #59-2208465, consents to the use of "The Lighting Gallery, Inc." as the new entity name in Florida for the purpose of the entity submitting its Articles of Incorporation to the Florida Secretary of State.
2. The undersigned certifies to being authorized by JYML, Inc. to give this consent. The undersigned signs this document subject to the penalties imposed by law of submission of a materially false or fraudulent statement.

Date: September 30, 2017.JYML, INC., formerly known as The Lighting  
Galley, Inc.  
Michael Laborda, Vice President

STATE OF FLORIDA

COUNTY OF Hernando

This instrument was acknowledged before me on this 30 day of September, 2017, by Michael Laborda, as Vice President of JYML, Inc., formerly known as The Lighting Gallery, Inc., of behalf of same. Said person is either: ☒ personally known to me or ☐ provided the following as identification: \_\_\_\_\_

  
Print Name of Notary: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_  
[AFFIX NOTARY SEAL]FILED  
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NOTARY PUBLIC  
STATE OF FLORIDA

**COVER LETTER**

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

**SUBJECT:** The Lighting Gallery, 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:** Martha Anderson Hartley, Esq. of Baker, Donelson, Bearman et al.

Name (Printed or typed)

200 South Orange Avenue, Suite 2900

Address

Orlando, FL 32801

City, State & Zip

407-367-5427

Daytime Telephone number

Lee Moseley at: lee@sequellectricalsupply.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: The Lighting Gallery, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

1425 4th Street

Meridian, MS 39301

Attn: Lee Moseley

Mailing address, if different is:

P.O. Box 3579

Meridian, MS 39303-3579

Attn: Lee Moseley

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: to transact any and all lawful business. The Corporation shall have all  
the powers enumerated in the Florida Business Corporation Act, as the same now exists and as hereafter amended, and all  
such other powers as are permitted by applicable law.

**ARTICLE IV SHARES**  
The number of shares of stock is: 100; \$1 par value common voting stock

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

Name and Title: Robert M. Merson - President/Director

Address: 6300 Sweet Maple Lane  
Boca Raton, FL 33433

Name and Title: Lee Moseley - VP/Sec/Director

Address: 1425 4th Street  
Meridian, MS 39301

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

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

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

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

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STATE OF MISSISSIPPI

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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: Robert M. Merson  
 Address: 6300 Sweet Maple Lane  
 Boca Raton, FL 33433

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Martha Anderson Hartley, Esq.  
 Address: c/o Baker, Donelson, Bearman et al.  
 200 S Orange Ave. #2900 Orlando FL 32801

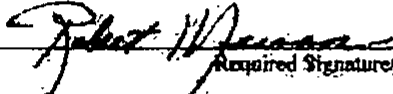
**ARTICLE VIII EFFECTIVE DATE**

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 days prior or 90 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

10-01-2017

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.817.153, F.S.

  
 Required Signature/Incorporator

10-01-2017

Date

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA