P19000077778

(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:				

Office Use Only



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19 OCT 16 FM 2541

2019 OCT 16 AH IB: 38
SECRETARY OF SAME.

JT 17 2019

'/ Biniupley

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (850) 656-4724

DATE 10/15/2019	-	447774 7 77 FB 784
OUEEN	LAMA DE CELLONT INCO	**WALK IN**
ENTITY NAME QUEEN	I MADE OF LIGHT INC.	
DOCUMENT NUMBER		
DOCUMENT NUMBER_		
	PLEASE FILE THE ATTACHED AND RETURN	
xxxxxx	Plain Copy	
	Certified Copy	
	Certificate of Status	
**************************************	PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**	
	Certified Copy of Arts & Amendments	
	Certificate of Good Standing	
	APOSTILLE' / NOTARIAL CERTIFICATION	
COUNTRY OF DESTINAT	TION	
NUMBER OF CERTIFICA	TES REQUESTED	
TOTAL OWED 70	снеск # ⁶⁷²⁵	
Please call Tina at t	he above number for any issues or concerns. Thank you so	n much!

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corpora	tion shall be: Queen Made of Light Inc.			
ARTICLE II PRINC		1	Mailing address, if different i	s:
14520 SW 103rd Avenu	ne	** ***********************************	· <u>-</u>	-
Miami Florida, 33176				
ARTICLE III PURPO The purpose for which t	OSE any tawful a he corporation is organized is:	ct or activity		
			TALI.	0
	stock is:		Allasser, floan	
Name and Title	Ciara Alyse Harris, Sole Officer/Director	_ Name and Title:	President and Director &	
Address	4520 SW 103rd Avenue	Address:		
	Miami Florida, 33176	_		
Name and Title	· · · · · · · · · · · · · · · · · · ·	_ Name and Title:		
Address				
		_		
Name and Title	·	Name and Title:		
Address		_ Address:		
		_		

Name a	nd Title:Na	nie and Title:
Addres	s Ad	idress:
		-
	- 11	
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of the	conjectured many in
Name:	Ciara Alyse Harris	registered agent is:
Address:	14520 SW 103rd Avenue	
	Miami, FL 33176	
	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is: Ciara Alyse Harris	
Name:	·	
Address:	14520 SW 103rd Avenue	
	Miami, FL 33176	
A PTICI E VIII	EFFECTIVE DATE.	
Effective date, it	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and cannot be	(OPTIONAL) more than five days prior or 90 days after the
_	e inserted in this block does not meet the applicable statu	story filing requirements, this date will not be listed a
	effective date on the Department of State's records.	, , , , , , , , , , , , , , , , , , , ,
Having been na	med as registered agent to accept service of process for	the above stated corporation at the place designated
this certificate, I	am familiar with and accept the appointment as register	ed agent and agree to act in this capacity
	in Tuple itmis	10-16-2019
	Required Signature/Registered Agent	Date
	cument and affirm that the facts stated herein are true. Department of State constit utes a third degree felony as	
(10	noflyse Harris	10-16-2019
Requ	ired Signature/Incorporator	Date