

P20000017863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

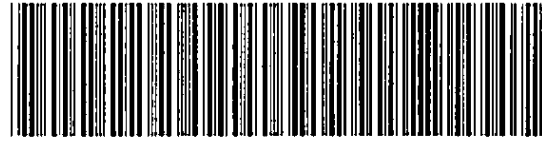
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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01/27/20--01023--021 \*\*78.75

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

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

SUBJECT: LIGHTING CONTROL SYSTEMS, 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: ALBERTO SUAREZ  
Name (Printed or typed)

4735 SW 74 AVE  
Address

MIAMI FL 33155  
City, State & Zip

(305) 267-1013  
Daytime Telephone number

albert@vrec.us  
E-mail address: (to be used for future annual report notification)

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

PLEASE PROCESS THIS SECOND

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: LIGHTING CONTROL SYSTEMS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4735 SW 74 AVE  
MIAMI, FL 33155

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
ANY LAWFULL PURPOSE  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERTO SUAREZ P. Name and Title: \_\_\_\_\_

Address 4735 SW 74 AVE Address: \_\_\_\_\_  
MIAMI, FL 33155  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

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

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TALLAHASSEE, FL

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: ALBERTO SUAREZ

Address: 4735 SW 74 AVE

MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALBERTO SUAREZ

Address: 4735 SW 74 AVE

MIAMI, FL 33155

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SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

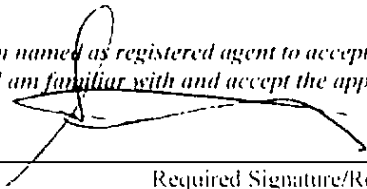
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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*

✓

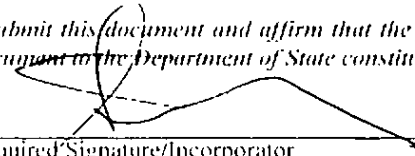


Required Signature/Registered Agent

✓ 1/20/2020  
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

✓ 1/20/2020  
Date