Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000017866 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I20030000043

Phone : (800)342-9856

Fax Number

: (800)354-3381

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

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION FLANAGAN LIGHTING INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help



Mailing address, if different	FFICE	LE II PRINC
maning address, it different	I <u>street</u> address	
		LAOLER DRIVE
		ALM BBACH, FL 3.
		
		LE UI PURPO
LAWFUL BUSINESS PURPOSE	ration is organized is: ANY AND AL	pose for which ti
		
A		
_		
	200	<u>EIV SHARI</u>
Name and Title:	CERS AND/OR DIRECTORS RT K. FLANAGAN/PRESIDENT	
Addross:	FLAGLER DR. APT 8C	Address
	ALM BEACH, PLORIDA 33401	
		Name and Title:
Name and Title:		•
Name and Title:		Name and Title:_ Address
Name and Title:		•
Name and Title:		•
Name and Title:		•
Name and Title:	<u> </u>	•
Name and Title:		Address
Name and Title:		Address
Name and Title:		Address
Name and Title:		Address Name and Title:
Addres		Address

Jane 12, 2024	3:07PM Hay DUUU	C 20211	No. 1139 - P. 3
Name an	d Title:	Name and Title:	
Address		Address:	
			
			
	REGISTERED AGENT orlda street address (P.O. Box NOT acceptable) of t	he regislered agent is:	
Name:	ROBERT K. FLANAGAN		
Address:	1501 S. FLAGLER DR. APT 8C	-	
	WEST PALM BEACH, FL 33401	-	
ARTICLE VII	<u>INCORPORATOR</u>		
	dress of the Incorporator is:		
Name;	LAWRENCE KIRSCH	-	
Address:	41 STATE STREET SUITE 700	_	
	ALBANY, NY 12207	_	
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)	
	date is listed, the date must be specific and canuc		or 90 days after the
-,	Inserted in this block does not meet the applicable	statutory filing requirements, thi	s date will not be listed as
the document's	offective date on the Department of State's records.		
	ned as registered agent to accept service of process fo		
certificate. I am	familiar with and accept the appointment as regist	cred agent and agree to act in the	is capacity
,			
•	"K. FLANAGAN		1/12/24
/S/ ROBERT	"K. FLANAGAN Required Signature/Registered Agent		Date
/S/ ROBERT	"K. FLANAGAN	true. I am aware that the false h	Date nformation submitted in F.S.
/S/ ROBERT	Required Signature/Registered Agent	true. I am aware that the false l ony as provided for in s.817.155,	Date Information submitted in F.S.
/S/ ROBERT	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree fell aware A Kich	true. I am aware that the false l ony as provided for in s.817.155,	Date Information submitted in F.S.
/S/ ROBERT	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree fell aware A Kich	true. I am aware that the false hony as provided for in s.817.155,	Date Information submitted in F.S.

LAM MAMA