

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

900002764988--0 -02/04/99--01080--018 \*\*\*\*\*\*70.00 \*\*\*\*\*\*70.00

SUBJECT: SURROUNDING LIGHT CONSULTING SERVICES, IN
(i Toposad Corporate name - Must include sums)
Enclosed is an original and one (1) copy of the articles of incorporation and a check for:    \$\frac{1}{2}.\$70.00
FROM: MARTHA LEUINE  Name (printed or typed)
<u>5970 S.W. 18<sup>+5</sup> S</u> ± 237  Address
BOCA RATON FL 73433 City, State & Zip  CK1 - 700 - 63.6
Daytime Telephone number

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

## ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

SURROUNDING LIGHT CONSULTING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

5970 S.W. 18th St. # 237 BOCA RATION, FC 33433

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MARTHA LEVINE 5970 S.W. 18th ST #237 BOCA RATON, FL 33433

## ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LARRY M. LEVINE 5970 S.W. 18th ST #237 BOCA RATON, FC 33433

The undersigned incorporator(s) has(have) executed these Articles of Incorporation ti	nis
22 day of January 1999.	-
Lowy Lovie	
Signatura	

Articles of Incorporation Filing Fee - \$35

Signature

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The nam	e of the corporation is: <u>SERVICES</u> , NC	N <u>PNS</u> ULTING 
2. The nam	e and address of the registered agent and office is:  MARTHA LEUNE  (Name)  5970 S.W. 18th St # 237  (P.O. Box or Mail Drop Box NOT acceptable)  BOCA RATON, FZ 33433  (City/State/Zip)	99 FEB -4 AM 9: 48 SECRETARY OF STATE TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Martto Levil 1/22/99
(Signature) (Date)