P2500000104a

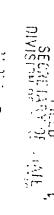
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





700441343477

12/27/24--01006--013 **78.75



COVER LETTER

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

SUBJECT: id	esign, Corp.		
	(PROPOSED CORPORA	NTE NAME – <u>MÜST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	EX \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy	□ \$87.50 Filing Fee. Certified Copy & Certificate of
		ADDITIONAL CO	Status DPY REQUIRED
FROM:	Christine Wilhite	e (Printed or typed)	
	151 NW 44th St		
		Address	
	Miami, FL 33127		
	City	. State & Zip	
	786.285.9033		
	Daytime 1	l'elephone number	
	christinew@idesignproductio	ns.com	
	E-mail address: (to be use	d for future annual report i	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)

RTICLE I NAME	ion shall be idesign, Corp.			
he name of the corporat	ion snail be:ideolgri, design			
<u> ARTICLE II PRINC</u>			A 112 F 1 122 11295	
151 NW 44th St	Principal street address		failing address, it differ scayne Blvd, Unit 723	
Miami, FL 33127			ami, FL 33181	
	· ·			
he purpose for which the	<u>NSE</u> ne corporation is organized is: Lighting	desion services		
, he purpose for which th	ie corporation is organized is	design services		
	······································			
			·	
ADTICLE IIV CHADI	20			
ARTICLE IV SHARI The number of shares of:				
ARTICLE V INITIA	L OFFICERS AND/OR DIRECTORS			
	•		Christina Wilhita O	unar
Name and Title	Stacey Michael Meacham, Owner	Name and Title:	Offishine Winte, Ov	41101
Address	151 NW 44th St	Address:	151 NW 44th St	
	Miami, FL 33127		Miami, FL 33127	
	777777777777777777777777777777777777777	_		
			<u>. </u>	
Name and Title:		Name and Title:		
Address		Address		
Address		Address.		
		_		
N		NI		0
Name and Title:		Name and Title:		· · · · · · · · · · · · · · · · · · ·
Address		Address:	<u></u>	SIC
				1 70
		 -		7 7
				1

Address	d Title:	Name and Tric			
		Address:			
					
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable) of th	ne registered agent i	s:		
Name:	Christine Wilhite	3 2			
Address:	151 NIM 44th Ct				
Address.	Miami, FL 33127				
ARTICLE VII	<u>INCORPORATOR</u>				
The name and ad	dress of the Incorporator is:				
Name:	Stacey Michael Meacham				
Address:	151 NW 44th St				
	Miami, FL 33127				
• •					
	inserted in this block does not meet the applicable stiffective date on the Department of State's records.	atutory filing requi	rements, th	is date wi	Il not be listed as
the document's e		the above stated co	rporation a	t the place	
the document's e Having been nam certificate, I am fo	ffective date on the Department of State's records. ned as registered agent to accept service of process for	the above stated co	rporation a	t the place capacity	
the document's e Having been name certificate, I am for the submit this document's e	ffective date on the Department of State's records. ned as registered agent to accept service of process for amiliar with and accept the appointment as registered.	the above stated co l agent and agree to ue. I am aware the	rporation a o act in this - ut the false	t the place capacity \times 0	e designated in th
Having been name certificate, I am for a submit this document to the I	ffective date on the Department of State's records. The das registered agent to accept service of process for amiliar with and accept the appointment as registered agent. The last the Required Signature/Registered Agent are to the stated herein are the stated	the above stated co l agent and agree to ue. I am aware the	rporation a o act in this - ut the false	t the place capacity \times 0	e designated in th