

P2000058377

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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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
LUXOM PROJECT II US, CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

20 AUG -4 PM 12:45

2020 AUG -4 PM 2:59

OPERATIONS
COMMERCIAL
SERVICES

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

LUXOM PROJECT II US, CORP

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

1800 MICANOPY AVE

MIAMI, FL 33133

ARTICLE III SHARES: The number of shares of stock is: 500

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

SAMUEL BISSU (PRESIDENT)

20 AUG - 4 PM 12:45

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

IVAN TOVAR

1800 MICANOPY AVE

MIAMI, FL 33133

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

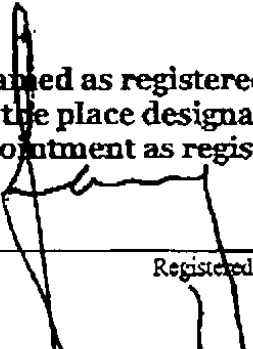
SAMUEL BISSU

1800 MICANOPY AVE

MIAMI, FL 33133

Required Signatures:

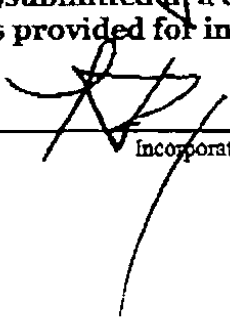
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Registered Agent

 8/3/20
 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.



 Incorporator

 8/3/20
 Date