

P2200036617

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 : ARIMIR SERVICES GROUP LLC
Account Number : I20200000022
Phone : (305)298-6579
Fax Number : (305)643-5225

22 MAY 16 2022
ARIMIR SERVICES

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

Email Address: Emelinacdh71@yahoo.es

FLORIDA PROFIT/NON PROFIT CORPORATION
LUMESA INC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$78.75

T. SCOTT
MAY 17 2022

RECEIVED
2022 MAY 16 PM 3:43
CORPORATION
COMMERCIAL
SERVICES

H 22000174371 :

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: LUMESA INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
325 NW 136 CT
MIAMI, FL 33182

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gladys E Herrera Amador President

Name and Title: ANA HERRERA VP

Address: 325 NW 136 CT
MIAMI, FL 33182

Address: 325 NW 136 CT
MIAMI, FL 33182

Name and Title: SELBIN HERRERA Secretary

Name and Title: _____

Address: 325 NW 136 CT
MIAMI, FL 33182

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

H 22000174371 :

H220001743713

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:

is: Gladys E Herrera Amador
 Name: 325 NW 136 CT
 Address: MIAMI, FL 33182

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gladys E Herrera Amador
 Address: 325 NW 136 CT
Miami, FL 33182

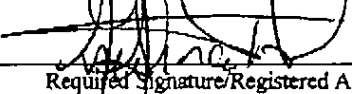
ARTICLE VIII EFFECTIVE DATE:

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

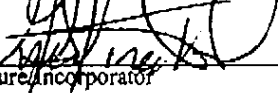
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 5/16/22
 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 5/16/22
 Date