

NO 7000011220

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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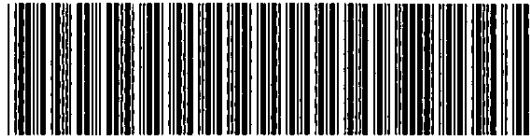
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 NOV 19 PM 5:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/13/07

**COVER LETTER**

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

SUBJECT: LUCE NAVIDENAS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

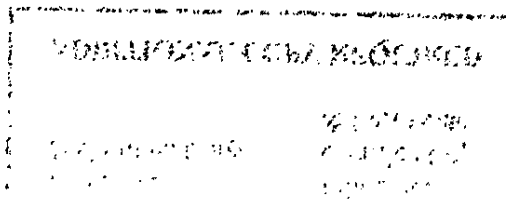
FROM: DAVID TRIANA  
Name (Printed or typed)

2210 GURZO CT.  
Address

NAVARRE, FL 32566  
City, State & Zip

(850) 368-3505  
Daytime Telephone number

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



**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: LUCES NAVIDENAS INC.

**ARTICLE II PRINCIPAL OFFICE**

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

2210 GOZO CT.  
NAVARRE, FL 32566

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PLAN, ORGANIZE, AND EXECUTE A SUCCESSFUL ANNUAL CHRISTMAS PARTY FOR LOW INCOME CHILDREN OF THE EMERALD COAST.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

AS STATED IN THE BYLAWS

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

DAVID TRIANA / 2210 GOZO CT. NAVARRE FL 32566 / CHAIRPERSON  
SOFIA A. TRIANA / 2210 GOZO CT. NAVARRE, FL 32566 / VICE-CHAIRPERSON  
MARYGEL MILORD / 976 CLAEVEN CIRCLE, FORT WALTON BEACH, FL 32547 / TREASURER  
JUANNE WEBSTER / 1917 MISTRAL LN WEST, FORT WALTON BEACH, FL 32547 / SECRETARY

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DAVID TRIANA, 2210 GOZO CT. NAVARRE, FL 32566

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DAVID TRIANA, 2210 GOZO CT., NAVARRE FL 32566

\*\*\*\*\*

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.

\_\_\_\_\_  
Signature/Registered Agent

25 OCT 07  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

25 OCT 07  
\_\_\_\_\_  
Date