

N 13000009046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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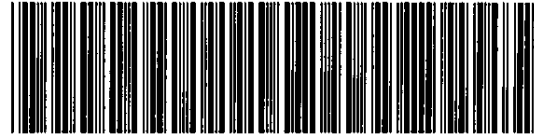
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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Ps 10/4/13

## COVER LETTER

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

SUBJECT: L.U.T.I.N. Links Corp.  
(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: Maria Lutin Lakhansingh  
Name (Printed or typed)

290 NE 112 Street  
Address

N. Miami, FL 33141  
City, State & Zip

(954) 681-0021  
Daytime Telephone number

Lutin.Links@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: L.U.T.I.N Links Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

290 N.E. 112 Street  
N. Miami, FL. 33161

Mailing address, if different is:

< Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: dedicated to alleviating  
the hardships of motherhood such as financial,  
emotional, physical and mental burdens for  
underprivileged mother's and their children  
and provide them with support needed to  
positively advance in life.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Elected  
at the annual meeting.

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

Name and Title: Wendy Lutin Name and Title: \_\_\_\_\_

Address: (President) Address: \_\_\_\_\_

415 NW 85 Place  
TH # 5 Miami, FL. 33126

Name and Title: Maria Lutin Name and Title: \_\_\_\_\_

Address: (Vice President) Address: \_\_\_\_\_

290 NE 112 Street  
N. Miami, FL. 33161

Name and Title: Ana Patricia Lutin Name and Title: \_\_\_\_\_

Address: (Secretary) Address: \_\_\_\_\_

11811 Royal Palm Blvd.

Ap# 102 Coral Springs, FL. 33065

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DIVISION OF CORPORATIONS  
13 OCT - 3 PM 3:58

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Maria Lutin Lakhansingh

Address: 290 NE 112 Street  
N. Miami, FL 33161

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Maria Lutin Lakhansingh

Address: 290 NE 112 Street  
N. MIAMI, FL 33161

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

Maria Lutin Lakhansingh  
Required Signature of Registered Agent

8/6/13  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Maria Lutin Lakhansingh  
Required Signature of Incorporator

8/6/13.  
Date