## Pooooou2814

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

SUBJECT:		716	
	(Proposed corpo	rate name - must include suffi	x)
		500	00033045258 -06/26/0001100005 *****78.75 ******78.75
Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	& Certificate of Status
FROM:	Paul Name (P)	Huvly rinted or typed)	
	1343 241	ddress CV.	
	· APOPKa	FL 3270 State & Zip	23 SES S
	<u>407-68</u> Daytime T	2-3601 elephone number	JUN 26 MI II:  JUN 26 MI II:  ARELANY OF STAT  LAHASSEE, FLORE
		:	FLORII

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

## ARTICLE I NAME

The name of the corporation shall be:

LUPHIFME

PRINCIPAL OFFICE

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

1343 Luke Hiher Cr.

Apople FC 32703

SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

INITIAL REGISTERED AGENT AND STREET ADDRESS ARTICLE IV

The name and Florida street address of the initial registered agent are:

| Paul | Havig
| 13:13 | Lake Hshev CV.
| Apopka, FL. 32703

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Paul Harda

1343 Lake Hiher Cr. Uppapka FL. 32203

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registereti Agent

6-21-00 Date