

# P02000099461

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 205-0381

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2002 SEP 16 AM 8:25

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**FLORIDA PROFIT CORPORATION OR P.A.**

**LUCIAN CREATION, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

*Handwritten signature*

**H 02000197827**  
**ARTICLES OF INCORPORATION**

of

LUCIAN CREATION, INC.

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

**ARTICLE I - CORPORATE NAME**

The name of the corporation is:

LUCIAN CREATION, INC.

**ARTICLE II - DURATION**

This corporation shall exist perpetually unless dissolved according to Florida law.

**ARTICLE III - PURPOSE**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

**ARTICLE IV - CAPITAL STOCK**

The corporation is authorized to issue TWO HUNDRED shares (2.00) of ONE DOLLAR Dollar(s) (\$ 1.00) per value Common Stock, which shall be designated "Common Shares".

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	<u>SHAWN ST. PRIX</u>		
ADDRESS	<u>12490 NE 7 AVE, SUITE 215</u>		
CITY	<u>NORTH MIAMI</u>	FLORIDA	ZIP <u>33161</u>

The principal office, if known, or the mailing address of the corporation is:

NAME	<u>LUCIAN CREATION, INC.</u>		
ADDRESS	<u>P.O. BOX 610141</u>		
CITY	<u>NORTH MIAMI</u>	FLORIDA	ZIP <u>33261</u>

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ALL INFORMATION  
STATE OF FLORIDA

# ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have ONE (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	ROMA ST. PRIX		
ADDRESS	12490 NE 7 AVE, SUITE 215		
CITY	NORTH MIAMI	STATE	FLORIDA ZIP 33161
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

# ARTICLE VII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	SHAWN ST. PRIX		
ADDRESS	12490 N.E. 7 AVE, SUITE 215		
CITY	NORTH MIAMI	STATE	FLORIDA ZIP 33161
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 13<sup>th</sup> day of SEPTEMBER 2002

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**CERTIFICATE AND KNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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LUCIAN CREATION, INC.  
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at 12490 NE 7 AVE, SUITE 215  
NORTH MIAMI, FL 33161

has named SHAWN ST. PRIX  
located at the aforesaid address, as its Registered Agent to accept service of process within  
this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above stated  
corporation at the place designated in this certificate, and being familiar with the obliga-  
tions of that position, I hereby accept to act in this capacity, and agree to comply with the  
provisions of Florida Law in keeping open said office.

Shawn St. Prix  
(registered agent)

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TOTAL P.04