

# Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0381

Account Name : FAS-T CORP. AGENTS, INC.

Account Number : 071001002335 Phone : (305)599-0839

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# FLORIDA PROFIT CORPORATION OR P.A.

#### LUCAMAJO CORP.

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SECTION ASSELL, FLORIDA

## ARTICLES OF INCORPORATION

OF

## Lucamajo Corp.

The Undersigned incorporator, for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

### ARTICLE I NAME

The name of the Corporation shall be:

## Lucamajo Corp.

#### ARTICLE II PRINCIPAL OFFICE

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

4384 NW 115 Court Miami, Florida 33178

## ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any time and the Distribution is as follow:

200 SHARES

1.00 Each

Luis Carlos Agosto

200 SHARES

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#### ARTICLE IV INCORPORATORS

The name and street address of the incorporator to these Articles of Incorporation is as follow:

LUIS CARLOS AGOSTO 4384 NW 115 Court Miami, Florida 33178

The undersigned have executed these Articles of Incorporation this 26 Days of January 2004.

PRESIDENT/INCORPORATOR

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SEU TALLAMASSEE, FLORIDA

## CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statues, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is:

Lucamajo Corp.

The name and address of the registered agent and office is:

LUIS CARLOS AGOSTO 4384 NW 115 COURT MIAMI, FL 33178

Signature

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCEDURE FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREED TO ACT IN THIS CAPACITY. TO THE PROPER AND COMPLETE PERFORMANCE OF DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERD AGENT.