

P0400004697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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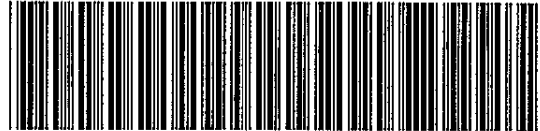
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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4-3-15

TRANSMITTAL LETTER

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

SUBJECT: Lucas Jaimes Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Maria De Los Angeles Rivera
Name (Printed or typed)

604 Ocean Mist Ct.
Address

Ruskin, FL 33570
City, State & Zip

813-641-3582
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Lucas Jaimes Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

604 Ocean Mist Ct.
Ruskin, FL 33570

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any lawful business for profit.

ARTICLE IV SHARES

The number of shares of stock is:

1000 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria De Los Angeles Rivera, President
604 Ocean Mist Ct.
Ruskin, FL 33570

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Maria De Los Angeles Rivera,
604 Ocean Mist Ct.
Ruskin, FL 33570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Maria De Los Angeles Rivera
604 Ocean Mist Ct.
Ruskin, FL 33570

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 Rivera
Signature/Registered Agent

3-1-04
Date

Maria Rivera
Signature/Incorporator

3-1-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32304