

PO 4000068115

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

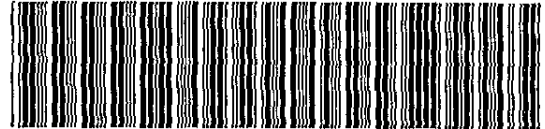
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/22/04--01011--022 **78.75

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04 APR 22 PM 5:58
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: LUCA LUCA COUTURE DESIGN FOR KIDS, INC.
(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: CLAUDINE LOSTAO
Name (Printed or typed)

4102 ALHAMBRA CIRCLE
Address

CORAL GABLES, FL 33146
City, State & Zip

305 - 284 - 0854
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:

LUCA LUCA COUTURE DESIGN FOR KIDS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4102 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE SALE OF UNUSUAL ACCESSORIES FOR CHILDREN,
SPECIFICALLY HIGH CHAIR + SHOPPING CART COVERS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CLAUDINE LOSTAO, PRESIDENT
4102 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

ARTICLE VI REGISTERED AGENT

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

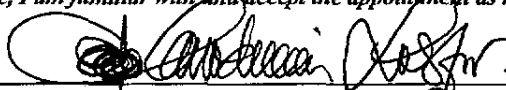
CLAUDINE LOSTAO
4102 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAUDINE LOSTAO
4102 ALHAMBRA CIRCLE
CORAL GABLES, FL 33146

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



Signature/Registered Agent

04.20.04

Date



Signature/Incorporator

04.20.04

Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA