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TRANSMITTAL LETTER

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

SUBJECT:	LuCLAR LOSC (PROPOSED CORPORA)	DITAUTY CO	DE SUFFIX)	_
Enclosed are an origin	nal and one (1) copy of the artic	cles of incorporation and a	a check for:	
□ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COP	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	SEC DIV)SIC
FROM:	P.O. Bo	(Printed or typed)	SON 30	က်ဟ
_	CORAL G	ABLES, FZ State & Zip	33284	
_	305- 19 Daytime Te	4 - 53 43 elephone number		

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

LuCLAR HOSPITALTY CERP. PRINCIPAL OFFICE The principal place of business/mailing address is: P.O. BOX 34739 3 CeRA GABLES, FL 33234 ARTICLE III PURPOSE The purpose for which the corporation is organized is: HOTELS ARTICLE IV SHARES 5000 The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): CLARA M. ANDERSON, PRESIDENT LUCILLE A. LIPSEY, SECRETARY TRESURER for 223 CALABRIA TUE #8 CLAPA M. ANDERSON, PRESIDENT CORAL GABLES, FZ 33134 REGISTERED AGENT ARTICLE VI The name and Florida street address of the registered agent is: CLARA M. ANDERSON 223 CALABRIA AUE #8 CORAL GABLES, FL 33134 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CHARA M. ANDERSON 223 CANABRIA AUE #8 CORPL CIABLES, FL 33134 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

ARTICLES OF INCORPORATION

The name of the corporation shall be:

Signature/Incorporator

ARTICLE I

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