

P05000 142552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

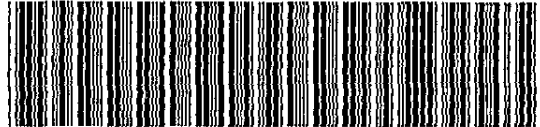
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Certified Copies _____

Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: LUMA 2000 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: MARIELLA CONDE
Name (Printed or typed)
2860 S OCEAN BLVD. Apt 203
Address
PALM BEACH, FL 33480
City, State & Zip
(754) 581-2652
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:

LUMA 2000 CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2860 S. OCEAN BLD. APT 203
PALM BEACH, FL. 33480

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

MULTIPLE BUSINESS

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):

MARIA EUGENIA MONGE 2860 S. OCEAN BLD #203 PALM BEACH
DIRECTOR FL 33480
LUIS MIGUEL SOLARES 2860 S. OCEAN BLD #203 PALM BEACH
DIRECTOR FL 33480

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

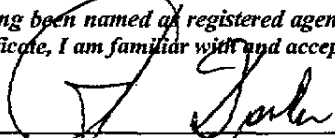
ANTONIO DAVILA 11421 NW 38TH ST CORAL SPRINGS FL 3306

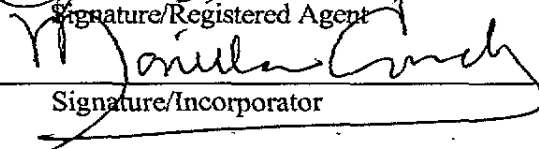
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARIELLA CONDE
8721 NW 47TH CT LAUDER HILL FL 33351

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


Signature/Incorporator

10/12/05

Date
10/12/05

Date

FILED
05 OCT 19 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA