

PO7000028915

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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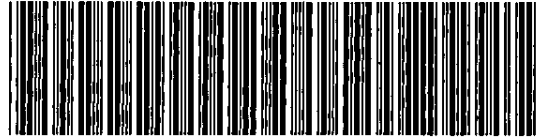
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 MAR -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1KH

COVER LETTER

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

SUBJECT: LILIKA, 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: LILIKA, INC

Name (Printed or typed)

1688 SW 158 AV

Address

PEMBROKE PINES, FLORIDA 33027

City, State & Zip

786-493-6364

Daytime Telephone number

PLEASE RETURN COPY
TO MAILING ADDRESS:

P.O. BOX 822854

PEMBROKE PINES, FL 33082

Thank you very much.

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:

LILIKA, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Principal Place of Business Address is: 1688 SW 158 AV., PEMBROKE PINES, FL 33027

Mailing Address of Business is: P. O. BOX 822854, PEMBROKE PINES, FL 33082-2854

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MEDINA CECILIA, 1688 SW 158 AVE, PEMBROKE PINES, FL 33027, TREASURER, DIRECTOR

CATOGAS EFSTATHIOS, 1688 SW 158 AVE., PEMBROKE PINES, FL 33027, PRESIDENT, DIR.

ARTICLE VI REGISTERED AGENT

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


MEDINA CECILIA, 1688 SW 158 AVE., PEMBROKE PINES, FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MEDINA CECILIA, 1688 SW 158 AVE., PEMBROKE PINES, FL 33027

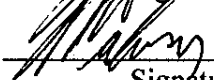
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent MEDINA CECILIA

FEBRUARY 23, 2007

Date



Signature/Incorporator MEDINA CECILIA

FEBRUARY 23, 2007

Date