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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

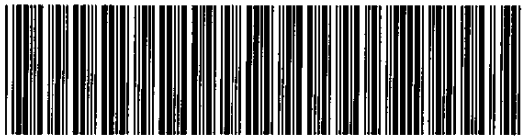
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07 JUL 30 PM 4:18  
SECRETARY OF STATE  
MAIL ASSISTANT, FIDELITY

KS  
7/30/07

**COVER LETTER**

07 JUL 30 PM 4: 12  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**SUBJECT:** LUZARDO 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:** RAUL A. LUZARDO  
Name (Printed or typed)

162 JOCELYN DRIVE  
Address

DAVENPORT, FLORIDA, 33897  
City, State & Zip

407 - 8440789  
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)

FILED  
07 JUL 30 PM 4:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

LUZARDO CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

162 JOCELYN DRIVE, DAVENPORT - FL 33897

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

HOME PRODUCTS RETAIL SALES AND RECRUITING PEOPLE

**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):

RAUL A. LUZARDO, 162 JOCELYN DRIVE, DAVENPORT - FL 33897, PRESIDENT

**ARTICLE VI REGISTERED AGENT**

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

RAUL A. LUZARDO, 162 JOCELYN DRIVE, DAVENPORT - FL 33897

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

CATHERINE ALARCON, 2013 WELLFLEET COURT UNIT 2B, ORLANDO - FL 32837

\*\*\*\*\*  
*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

\_\_\_\_\_  
JULY 23 - 2007  
Date

  
\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
JULY 23 - 2007  
Date