

PD700104821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

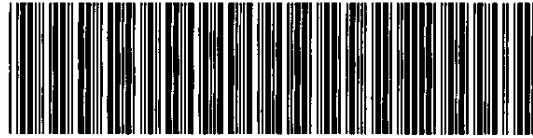
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

KS

9/21/07

## COVER LETTER

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

SUBJECT: Luvenia Allen 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: Luvenia Allen  
Name (Printed or typed)

4631 NW 74th Ave  
Address

Lauderhill, Florida 33319  
City, State & Zip

954-747-7744  
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:

Luvenia. Allen INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

4631 nw 74th Ave Lauderhill, Florida 33319

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

For The Sole Purpose Of Making A Profit

### 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):

Luvenia Allen

### ARTICLE VI REGISTERED AGENT

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

Luvenia Allen  
4631 Nw 74th  
Lauderhill, Florida

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Luvenia Allen  
4631 Nw 74th Ave  
Lauderhill, Florida 33319

\*\*\*\*\*

*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*

Luvenia Allen  
Signature/Registered Agent

Luvenia Allen  
Signature/Incorporator

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07 SEP 19 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/13/07  
Date  
9/13/07  
Date