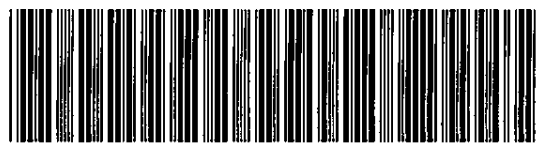


P07000/35301



300113377943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

12/27/07--01032--003 \*\*87.50

Special Instructions to Filing Officer:

Office Use Only

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TALLAHASSEE, FLORIDA  
FILED

COVER LETTER

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

SUBJECT: LUCKY SEVENS ENTERPRISES 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: JOSE QUINONES  
Name (Printed or typed)

104 THRU SH AVE  
Address

SEBRING FLORIDA 33872  
City, State & Zip

863 214 5646  
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:

LU GIKY SEVENS ENTERPRISES INC

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

JOSE QUINONES, 104 THRUH AVE SEBRING, FL

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Retail Food and

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JOSE QUINONES

PRESIDENT

104 THRUH AVE

SEBRING FL 33872

FILED  
07 DEC 27 2011  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

JOSE QUINONES  
104 THAVIA AVE  
SEBRING FL 33872

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOSE QUINONES  
104 THAVIA AVE  
SEBRING FL 33872

\*\*\*\*\*

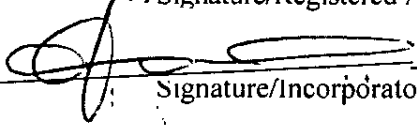
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
Signature/Registered Agent

12-19-07

\_\_\_\_\_  
Date



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

\_\_\_\_\_  
Date

**FILED**  
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TALLAHASSEE, FLORIDA