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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 | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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DECRETARY OF STATE





COVER LETTER

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

| SUBJECT: | Lucius Trust Consulting Inc | | |
|----------------------|--|--|---|
| | (PROPOSED CORPOR | ATE NAME – <u>MUST INC</u> I | LUDE SUFFIX) |
| Enclosed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | l a check for: |
| \$70.00 Filing Fee | ☑ \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED |
| FROM: | Edin Nam | e Joseph e (Printed or typed) | |
| | 6919 We | est Broward Blvd # 214 Address | |
| | Plantation, Florida 33317 City, State & Zip | | |
| | 954-793-3040 | | |

NOTE: Please provide the original and one copy of the articles.

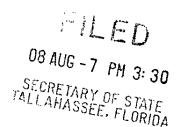
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ARTICLE I NAME</u>

The name of the corporation shall be:

Lucius Trust Consulting Inc



ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 6747 Sunset Strlp Sunrise, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

As a multi service office servicing/representing the public in situations such as divorces, immigration, business consulting, bill payment service, travel agency, notary service etc.

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):

Carmand Lucius, 1988 SW 60th Ave North Lauderdale, FL 33063. Director of Operations Marie F Dorsaint, 6919 West Broward Boulevard # 214 Plantation, FL. Chief Financial Officer Erline Joseph, 6919 West Broward Boulevard # 214 Plantation, FL. President

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Erline Joseph 6747 Sunset Strip Sunrise, FL 33313

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Erline Joseph 6919 West Broward Blvd # 214 Plantation, FL 33317

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

Date

Signature/Incorporator