

P09000022533

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

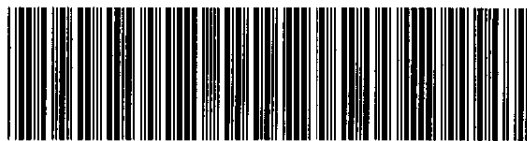
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009-7672



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02/16/09--01015--006 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 MAR 10 PM 3:55

gf 3/11/09

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

2009 MAR 10 PM 3:55

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

SUBJECT: Lenus International, 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: Edel Lenus  
Name (Printed or typed)

11435SW 52 Terrace  
Address

Miami, FL 33165  
City, State & Zip

(954) 253-6543  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
DEPARTMENT OF STATE

09 MAR 10 PM 12:50

February 17, 2009

EDEL LEMUS  
11435 SW 52 TERR.  
MIAMI, FL 33165

SUBJECT: CALLEJON & LEMUS INTERNATIONAL, INC.  
Ref. Number: W09000007672

We have received your document for CALLEJON & LEMUS INTERNATIONAL, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filing is the number of authorized shares.

Please list the street address of each officer/director.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 909A00005642

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 MAR 10 PM 3:55

2009 MAR 10 PM 3:55

## 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:

LEMUS INTERNATIONAL, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

11435 SW 52 Terr. Miami FL 33165

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and Lawful Business.

### ARTICLE IV SHARES

The number of shares of stock is:

1

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Edel Lemus - President  
11435 SW 52 Terrace  
Miami, FL 33165

### ARTICLE VI REGISTERED AGENT

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

Edel Lemus  
11435 SW 52 Terrace  
Miami, FL 33165

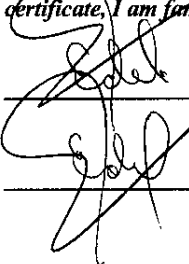
### ARTICLE VII INCORPORATOR

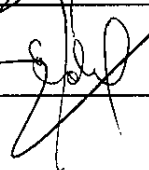
The name and address of the Incorporator is:

Edel Lemus  
11435 SW 52 Terrace  
Miami, FL 33165

\*\*\*\*\*

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

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

03-06-09  
\_\_\_\_\_  
Date

03-06-09  
\_\_\_\_\_  
Date