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09 SEP -8 PM 5:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

114

## COVER LETTER

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

SUBJECT: LUAR CABINETS AND FURNITURE 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 R JIMENEZ  
Name (Printed or typed)

1461 SEMINOLA BLVD. BLDG#3  
Address

CASSELBERRY, FL. 32707  
City, State & Zip

321-397-7777  
Daytime Telephone number

luarcabinets@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

APPROVED  
AND  
FILED

## ARTICLES OF INCORPORATION

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

09 SEP -8 PM 5: 07

### ARTICLE I NAME

The name of the corporation shall be:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LUAR CABINETS AND FURNITURE CORP.

### ARTICLE II PRINCIPAL OFFICE

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

1461 SEMINOLA BLVD.CASSELBERRY ,FL.32707

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

### ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF \$1.00 VALUE EACH

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

RAUL R JIMENEZ,1461 SEMINOLA BLVD.CASSELBERRY,FL.32707.PRESIDENT

### ARTICLE VI REGISTERED AGENT

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

RAUL R JIMENEZ,1461 SEMINOLA BLVD.CASSELBERRY,FL.32707

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RAUL R JIMENEZ,1461 SEMINOLA BLVD.CASSELBERRY,FL.32707

\*\*\*\*\*

*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

\_\_\_\_\_  
09/01/2009

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
09/01/2009

\_\_\_\_\_  
Date