P11000017606

(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:			

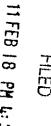
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COVER LETTER ·

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

SUBJECT: luredecabo, inc.	
(PROPOSED CORPORA	TE NAME - MUST INCLUDE SUFFIX)
Enclosed are an original and one (1) copy of the art	icles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
	<u> </u>
FROM: Jon M Hogenkamp	
Name	e (Printed or typed)
5771 Bass Circle	
4	Address
Ft Myers, Fl 33919	State & Zip
239-989-1905	elephone number
jhogie33@comcast.net E-mail address: (to be use	d for future annual report notification)

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 The name of the cor	NAME luredecabo, inc.		
'	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Mailing	address, if different is:
5	771 Bass Circle	_	
	t Myers, Fl 33919		
_			
ARTICLE III	PURPOSE		
	hich the corporation is organized is:		
	ating Consulting, purchase and	sale of decorating me	rchandise.
			5 ∞ =
			E8 =
4 D. ST. C. T. T. T.	GWARES.		AB B 号
	SHARES res of stock is 750 shares of common st	tock no nar value	
The number of share	es of stock is 300 strates of common s	took no par value	
	INITIAL OFFICERS AND/OR DIRECT		100 R DOX
	tle:Jon M Hogenkamp, President		<u> </u>
Address:	5771 Bass Circle	Address:	
	Ft Myers, Fl 33919		Page C
	tle:	Name and Title:	
Address:		Address:	
	tle:	Name and Title:	
Address:		Address:	
			
	REGISTERED AGENT) - (*4) - - -	
The name and Floi Name:	rida street address (P.O. Box NOT acceptable Jon M Hogenkamp		
Address:	5771 Bass Circle		
riddress.	Ft Myers, Fl 33919		
			
	INCORPORATOR		
	lress of the Incorporator is:		
Name:	Jon M Hogenkamp		
Address:	5771 Bass Circle Et Myers, Fl 33919	 -	
	Eciviyets, Fi 55919	_	
	ed as registered agent to accept service of pro-		
this certificate, I an	n familiar with and accept the appointment as	registered agent and agree to	act in this capacity
(). "	11 Horacekan		02/12/201
you W	1 Hogela Kall S		02/17/2011
	Required Signature/Registered Agent		/ Date
I submit this docu	ment and affirm that the facts stated herein	are true. I am aware that th	e false information submitted in
	epartment of State constitutes a third degree fe		
()	111/		- 1/12/
Kon	WI Mack Cam D) 	02/11/201