

P/11000057832

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

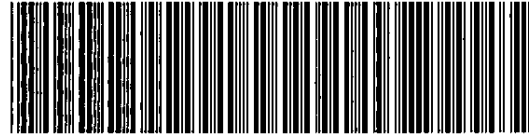
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/11--01007--022 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06/22/11

COVER LETTER

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

SUBJECT: Luzma Trading Co
(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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Julio C. Gutierrez
Name (Printed or typed)

15743 NW 11 Street
Address

Pembroke Pines, FL 33028
City, State & Zip

(954) 450-5317
Daytime Telephone number

E-mail address: (to be used 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 NAME

The name of the corporation shall be: Luzma Trading Co

ARTICLE II PRINCIPAL OFFICE

Principal street address
15743 NW 11 Street
Pembroke Pines, FL 33028

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
For the trading and sales of durable and household goods to foreign countries as per the regulations and bylaws of the State of Florida and the United States of America.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Julio C. Gutierrez, President</u>	Name and Title: _____
Address: <u>15743 NW 11 Street</u>	Address: _____
<u>Pembroke Pines, FL 33028</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Jose Miranda
Address: 6201 SW 37 St, #109
Davie, FL 33314

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julio C. Gutierrez
Address: 15743 NW 11 St
Pembroke Pines, FL 33028

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

Required Signature/Registered Agent 6/3/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator 6/3/11
Date

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