

PI1000059038

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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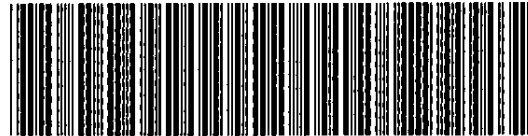
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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SC
6-27-11

COVER LETTER

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

SUBJECT: LUMOC CORPORATION
(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: DIANE NOBILE, ESQ.
Name (Printed or typed)

777 BRICKELL AVENUE, SUITE 1114
Address

MIAMI, FLORIDA 33131
City, State & Zip

305-577-0000
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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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

LUMOC CORPORATION

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

RUA TEVIOT, 110 - CASA 03

CP 04507-050, VILA NOVA CONCEICAO

SAO PAULO - SP - BRAZIL

Mailing address, if different is:

RUA TEVIOT, 110 - CASA 03

CP 04507-050, VILA NOVA CONCEICAO

SAO PAULO - SP - BRAZIL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIZ DE CASTRO SCHMIDT, DIRECTOR

Address: RUA TEVIOT, 110 - CASA 03, CP 04507-050,

VILA NOVA CONCEICAO, SAO PAULO - SP - BRAZIL

Name and Title: MARIA DO CARMO DELL' AGNOLO, DIRECTOR

Address: RUA TEVIOT, 110 - CASA 03, CP 04507-050,

VILA NOVA CONCEICAO, SAO PAULO - SP - BRAZIL

Name and Title: OTAVIO DELL' AGNOLO DEALIS ROCHA, DIRECTOR

Address: RUA TEVIOT, 110 - CASA 03, CP 04507-050,

VILA NOVA CONCEICAO, SAO PAULO - SP - BRAZIL

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: DIANE NOBILE, ESQ.

Address: 777 BRICKELL AVENUE, SUITE 1114

MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIANE NOBILE, ESQ.

Address: 777 BRICKELL AVENUE, SUITE 1114

MIAMI, FLORIDA 33131

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

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

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RECEIVED
SECRETARY OF STATE
TALLAHASSEE FL 32304

Date

Date