

P12000058086

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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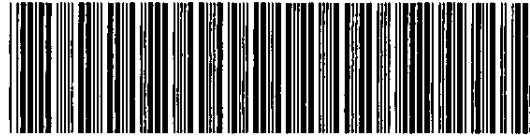
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
12 JUN 28 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FL 32399

1 Bureau JUN 29 2012

COVER LETTER

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

SUBJECT: LUCENA ENTERPRISES 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: CHRISTOPHER PAUL LUCENA

Name (Printed or typed)

6009 SEA RANCH DRIVE, #412

Address

HUDSON, FL 34667

City, State & Zip

(917) 887-9050

Daytime Telephone number

CLUCENA84@GMAIL.COM

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

LUCENA ENTERPRISES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6009 SEA RANCH DRIVE, #412
HUDSON, FL 34667

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

THE CORPORATION IS FORMED TO CONDUCT AND TRANSACT ALL LAWFUL BUSINESS ACTIVITIES ALLOWED UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTOPHER PAUL LUCENA
Address: 6009 SEA RANCH DRIVE, #412
HUDSON, FL 34667

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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:

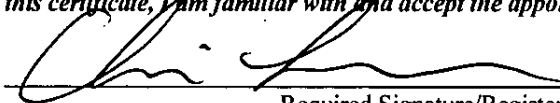
Name: CHRISTOPHER PAUL LUCENA
Address: 6009 SEA RANCH DRIVE, #412
HUDSON, FL 34667

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: CHRISTOPHER PAUL LUCENA
Address: 6009 SEA RANCH DRIVE #412
HUDSON, FL 34667

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

06/25/2012

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

06/25/2012

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA