

P 13000023924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

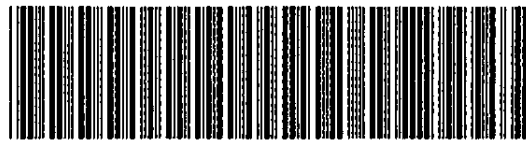
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR 13 PM 3:12

2544-  
W13000009532

3/14/13

**COVER LETTER**

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

**SUBJECT:** Luna 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** Darejan Cavallo

Name (Printed or typed)

35 Pretoria In

Address

Palm Coast, FL 32164

City, State & Zip

386 597 7473

Daytime Telephone number

dollycavallo@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 15, 2013

DAREJAN CAVALLO  
35 PRETORIA IN  
PALM COAST, FL 32164

SUBJECT: LUNA CORP.  
Ref. Number: W13000009532

We have received your document for LUNA CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 613A00003826

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DIVISION OF CORPORATIONS  
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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: La Luna Corp.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

35 Pretoria Ln

Palm Coast, FL 32164

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful buisness

**ARTICLE IV SHARES** 2000

The number of shares of stock is: \_\_\_\_\_

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Darejan Cavallo

Name and Title: \_\_\_\_\_

Address 35 Pretoria Ln

Address: \_\_\_\_\_

Palm Coast, FL 32164

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Darejan Cavallo  
Address: 35 Pretoria In  
Palm Coast, Fl 32164

**ARTICLE VII INCORPORATOR**

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

Name: Darejan Cavallo  
Address: 35 Pretoria In  
Palm Coast, Fl 32164

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DIVISION OF CORPORATIONS  
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*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

2/10/2013

\_\_\_\_\_  
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

2/10/2013

\_\_\_\_\_  
Date