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(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
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COVER LETTER

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

SUBJECT: A	LLURA Corporation	1			
	(PROPOSED CORPORA)	re name – <u>must inc</u> !	CLUDE SUFFIX)		
Enclosed are an	original and one (1) copy of the artic	cles of incorporation	and a check for:	7	
\$70.0 Filing Fe		\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status COPY REQUIRED		
FROM:	Lloyd Ferguson	(Printed or typed)			
	8553 Shadow Cou	rt		7	
	A	ddress	j.	13 HAY	Strangform.
	Coral Springs, Fl 3				A THE STREET
	•	State & Zip	7 ta.) - 1 b.; - 1 b.;	5 AH	is F
	954-805-1810			^ ~ -	A STATE OF THE STA
	arch.sovereign@gmai		X)E	10	an and
	E-mail address: (to be used	i tor future annual repo	ort notification)		

NOTE: Please provide the original and one copy of the articles.

COVER LETTER

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

SUBJECT: ALL	.URA Corporatior	ו			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	l a check for:		
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Cop. & Certificate Status	of	
	1				
FROM: LI	loyd Ferguson			SECRE FALLAH	EVETÜNĞ
85	Name 553 Shadow Cou	(Printed or typed)		EURETARY 16	iname of a
	A	ddress		P S	
C	oral Springs, FI 3	3071		の の の の の の の の の の の の の の	Trick and
	City, S	State & Zip		Elli O	
98	54-805-1810				
	Daytime Te	lephone number			
ar	ch.sovereign@gmai	i.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)

u <i>rticus II </i>	INCIPAL OFFICE Principal <u>street</u> address / Court	i	Mailing address, if different is:
Coral Springs			
ANY AND AL	RPOSE the corporation is organized is: L LAWFUL BUSINESS RERS, DISTRIBUTORS, CON	ISULTANT	S of PRECIOUS METALS
RTICLE V IM	ARES 10,000 shares TIAL OFFICERS AND/OR DIRECTORS Lloyd A. Ferguson,President		Lloyd A Ferguson - Secretary
RTICLE V IM		Name and Title	Lloyd A Ferguson - Secretary 8553 Shadow Court
RTICLE V IN	TIAL OFFICERS AND/OR DIRECTORS		
Name and Tit	**Eloyd A. Ferguson, President Coral Springs, FL 33071	Name and Title	8553 Shadow Court Coral Springs, FL 33071
Name and Titl Address	**Eloyd A. Ferguson, President Coral Springs, FL 33071	Name and Title: Address:	8553 Shadow Court Coral Springs, FL 33071
Name and Title Name and Title	Lloyd A. Ferguson, FL 33071 Lloyd A. Ferguson-Vice President	Name and Title: Address: Name and Title:	8553 Shadow Court Coral Springs, FL 33071
Name and Title Address Name and Title Address	Lloyd A. Ferguson-Vice President 8553 Shadow Court Coral Springs, FL 33071 Lloyd A. Ferguson-Vice President 8553 Shadow Court Coral Springs, FI 33071	Name and Title: Address: Name and Title: Address:	8553 Shadow Court Coral Springs, FL 33071
Name and Title Address Name and Title Address	ELIOYD A. Ferguson, President S553 Shadow Court Coral Springs, FL 33071 Lloyd A. Ferguson-Vice President 8553 Shadow Court	Name and Title: Address: Name and Title: Address:	8553 Shadow Court Coral Springs, FL 33071

Name an	d Title:	Name and Title:
Address		Address:
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) o Lloyd A.Ferguson	f the registered agent is:
Name:	8553 Shadow Court	Σμ. (γ)
Addr e ss:	Coral Springs, FL 33071	3 HAY
ARTICLE VII	INCORPORATOR	ARY OF ARY
The <u>name and ac</u>	dress of the Incorporator is:	AH 8: 10
Name:	Lloyd A. Ferguson	
Address:	8553 Shadow Court	-
7 radi 655.	Coral Springs, FL 33071	_
	med as registered agent to accept service of process am familiar with and accept the appointment as re	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity 05/15/2013
	Required Signature/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felor	Date true. I am aware that the false information submitted in a mas provided for in \$ 817.155. F.S.
ecomisciu iv me	Department of Point Constitutes a sind degree prior	05/15/2013
Required Signature Incorporator		Date

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