

P13000055868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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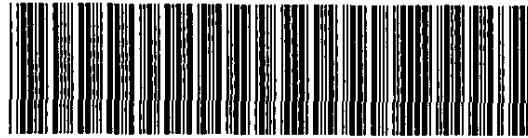
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

144

COVER LETTER

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

SUBJECT: Luviant USA, 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: Mary Alice Cruz
Name (Printed or typed)

1530 CONSOLATA AVE
Address

Coral Gables, FL 33146
City, State & Zip

1-800-561-7870 ext: 1
Daytime Telephone number

Maryalicecruz@Luviant.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

The name of the corporation shall be: Luviant USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1530 Consolata Ave
Coral Gables, FL. 33146

9737 N.W. 41st Street
Suite 504
Doral, FL. 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For the manufacturing + sale
of skin Spa Products, Massage Products,

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Alice Cruz, Pres. Name and Title: _____

Address 1530 CONSOLATA AVE Address: _____
Coral Gables, FL. 33146

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: FILED
 Address: _____ Address: 13 JUN 28 PM 2:29
 _____ SECRETARY OF STATE
 _____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

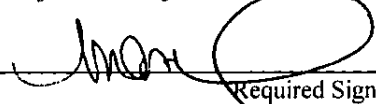
Name: Mary Alice Cruz
 Address: 1530 Consolata Avenue
Coral Gables, FL 33146

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

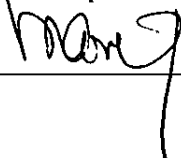
Name: Mary Alice Cruz
 Address: 1530 Consolata Avenue
Coral Gables, FL 33146

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

6-12-2013
 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

6-12-2013
 Date