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(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phon	e #)		
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(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificate	s of Status		
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EGRETARY OF STATE

Ps 7/10/13

COVER LETTER

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

SUBJECT: LILU	J HOLDINGS, IN (PROPOSED CORPOR	NC. ate name – <u>must incl</u> u	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l 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 CO	PY REQUIRED
FROM: LI	UIS L. PORTO J	R.	

_{i:} LUIS L. PORTO JR.				
Name (Printed or typed)				
5303 SW 153 AVENUE				
Address				
MIAMI, FL 33185				
City, State & Zip				
Daytime Telephone number				
LPORTOJR@GMAIL.COM				
E-mail address: (to be used for future annual report notification)				

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

	In compliance with Chapter 607 and	p,	Y OUGHENANTIN CIATE
The name of the corpo	AME Dration shall be: LILU HOLDINGS,	INC.	(Profit) SECRETARY OF STATE DIVISION OF CURPORAPIDI
	RINCIPAL OFFICE Principal street address		13 JUL -5 PM 4: 29 ailing address, if different is:
303 SW 15		1416	annig address, ii different is.
MIAMI, FL 3	3185		
RTICLE III PO	URPOSE the the corporation is organized is:		· · · · · · · · · · · · · · · · · · ·
	LL LAWFUL BUSINESS		
···, , · · -			
			1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
- 1 - 1			7.7.
RTICLE IV Si	HARES 1,000		7.7.
RTICLE IV SI	HARES 1,000 of stock is:		7.7.4
RTICLE V II	VITIAL OFFICERS AND/OR DIRECTOR	<u></u>	7
RTICLE V II			
RTICLE V II	VITIAL OFFICERS AND/OR DIRECTOR		
RTICLE V II	VITIAL OFFICERS AND/OR DIRECTOR itle: LUIS L. PORTO JR.	Name and Title:	
RTICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: LUIS L. PORTO JR. PRESIDENT	Name and Title:	
Name and T Address	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address:	
Name and T Address	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title:	
Name and T Address Name and Ti	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title:	
Name and T Address Name and Title	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title:	
Name and T Address Name and Tir Address	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title: Name and Title:	
Name and To Address Name and To Address Name and To Address	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title: Name and Title:	
Name and To Address Name and To Address	PRESIDENT 5303 SW 153 AVENUE MIAMI, FL 33185	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	

FILED (conti.)
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name a	nd Title:	Name and Title:	13 JUL -5 PM 4: 29
Addres	s	_ Address:	
		- —	
The name and F	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) o	of the registered agent is	,
Name:	LUIS L. PORTO JR.	- the registered agent is	•
Address:	5303 SW 153 AVENUE	_	
	MIAMI, FL 33185	_	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	LUIS L. PORTO JR.	_	
Address:	5303 SW 153 AVENUE		
	MIAMI, FL 33185	_	
	med as registered agent to accept service of process am familiar with and accept the appointment as rej		ee to act in this capacity
	Paguirad Sighalata/Publistared Agant		07/01/2013
I submit this do document to the	Required Signalute/Registered Agent cument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that y as provided for in s.c	Date the false information submitted in a 817.155, F.S.
	/_ /w/A-/		07/01/2013
	Required Signature/Incorporator		Date