P1300093981

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

6408-643-2590-W13000055577



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10/21/13--01014--025 **105.00

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COVER LETTER

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

Tattatiassee, FL 323	17		
SUBJECT: LUN	IAS GHETTO C	UTZ INC ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	,	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: J (ORGE LUIS LUI	NA RIOS e (Printed or typed)	
54	TANGARINE A	, ,	
		Address	
1.4	ARFILE EL 339	35	;

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

City, State & Zip

Daytime Telephone number

jorgeluna621@yahoo.com

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

863-234-7725

13 NOV 18 PM 3: 53



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2013

JORGE LUIS LUNA RIOS 54 TANGARINE AVENUE LABELLE, FL 33935

SUBJECT: LUNAS GHETTO CUTZ INC

Ref. Number: W13000058577

We have received your document for LUNAS GHETTO CUTZ INC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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 HA 81 AON E

SECRETARY OF STATE

Letter Number: 913A00024634

New Filing Section

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

		SECTION OF OR
name of the corpora	LUNAS GHET	TO CUTZ INC DIVISION OF STA
<i>тіс<u>ь іг</u> Ркіі</i> orge Luis L	NCIPAL OFFICE Principal street address Luna Rios	13 NOV 18 PM 3: 5 Mailing address, if different is:
	ckpochee ave \$3 Il 33935	P.O.BOX 2923 labelle, El 33975
etticle III PUR purpose for which the thall the lega	POSE he corporation is organized is: to serve I documents and which i ca	the community and have a businness n grow up as business man,
	or any legal purpuses and h	
number of shares of	RES stock is: 1 Monica Luna/ Officer 54 Tangarine Labelle, FI 33935	
RTICLE V INT Name and Title Address	Monica Luna/ Officers AND/OR DIRECTOR Monica Luna/ Officer 54 Tangarine Labelle, FI 33935	Name and Title: Name and Title: Name and Title:
Name and Title: Address	Monica Luna/ Officer 54 Tangarine Labelle, FI 33935	Name and Title: Name and Title: Name and Title:

Name and	1 Title:	Name and Title:
Address		Address:
ARTICLE VI	REGISTERED AGENT	
	orida street address (P.O. Box NOT acceptable) of	f the registered agent is:
Name:	Jorge Luis Luna Rios	_
Address:	54 Tangarine Ave	_
	Labelle, Fl 33935	_
ARTICLE VII	INCORPORATOR	
The <u>name and ad</u>	dress of the Incorporator is:	
Name:	Jorge Luis Luna Rios	_
Address:	54 Tangarine Ave	_
	Labelle, FI 33935	_
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated in gistered agent and agree to act in this capacity
	Required Signature/Registered Agent	10-(6-13)
	Required Signature/Registered Agent	Date
		true. I am aware that the false information submitted in a a a provided for in s. 817.155. F.S.
	Sorod Wno	10-16-13
	Required Signature/Incorporator	Date

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