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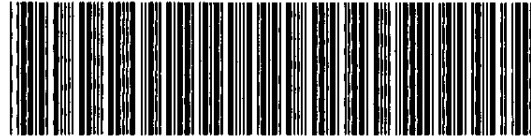
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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 11, 2013

ARELIS MARIANI  
9015 MURANO MEWS CT.  
KISSIMMEE, FL 34747

SUBJECT: MARIANI, INC.  
Ref. Number: W13000033867

RECEIVED  
13 DEC 16 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for MARIANI, INC. 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.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 513A00014637

## COVER LETTER

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

SUBJECT: **LUCRE INVESTMENTS, 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      ☐ \$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: **Arelis Mariani**  
Name (Printed or typed)  
**9015 Murano Mews Ct.**  
Address  
**Kissimmee, Fl. 34747**  
City, State & Zip  
**321-228-4652**  
Daytime Telephone number  
**mariani.realtor@gmail.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: Lucre Investments, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

9015 Murano Mews Ct.

Kissimmee, Fl. 34747

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Listing, buying and selling real estate.

**ARTICLE IV SHARES** 100

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

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

Name and Title: Arelis Mariani President

Name and Title: Stuart Fitzgerald Vice-President

Address 9015 Murano Mews Ct.  
Kissimmee, Fl. 34747

Address: 9015 Murano Mews Ct.  
Kissimmee, Fl. 34747

Name and Title: Jeffrey Harnish Secretary

Name and Title: Ashley Harnish Treasurer

Address 9015 Murano Mews Ct.  
Kissimmee, Fl. 34747

Address: 9015 Murano Mews Ct.  
Kissimmee, Fl. 34747

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

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

Address \_\_\_\_\_

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

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TALLAHASSEE FLORIDA

(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: Stuart Fitzgerald

Address: 9015 Murano Mews Ct.

Kissimmee, Fl. 34747

**ARTICLE VII INCORPORATOR**


The name and address of the Incorporator is:

Name: Arelis Mariani

Address: 9015 Murano Mews Ct.

Kissimmee, Fl. 34747

*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

12/11/2013

\_\_\_\_\_  
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

12/11/2013

\_\_\_\_\_  
Date