

P13000100298

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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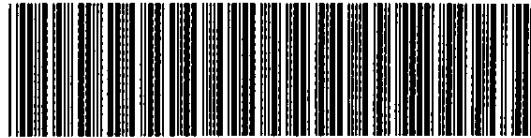
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 16 AM 11:25

g 12/18/13

COVER LETTER

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

SUBJECT: **LUPINI, 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: **PAUL FRANSON**

Name (Printed or typed)

150 SOUTH UNIVERSITY DRIVE, SUITE C

Address

PLANTATION, FLORIDA 33324

City, State & Zip

954-472-9144

Daytime Telephone number

PFRANSON@LEDGERPLUS.COM

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

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

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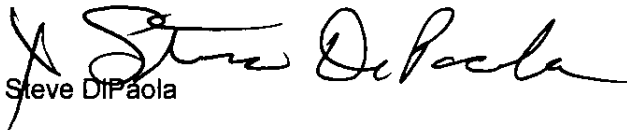
October 23, 2013

Florida Secretary of State

Tallahassee, Florida 32399

Please accept this as notification that we will not be renewing LUPINI, INC - Document NumberP12000077108.

Sincerely,


Steve DiPaola

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

FILED
SECRETARY OF STATE
STATE OF FLORIDA

ARTICLE I NAME

The name of the corporation shall be: LUPINI, INC.

13 DEC 16 AM 11:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8922 STATE ROAD 84
DAVIE, FLORIDA 33324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

ARTICLE IV SHARES 1000

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN DIPOLA PVST

Name and Title: _____

Address 8922 STATE ROAD 84

Address: _____

DAVIE, FLORIDA 33324

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: STEVEN DIPAOLO
Address: 8922 STATE ROAD 84
DAVIE, FLORIDA 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: STEVEN DIPAOLO
Address: 8922 STATE ROAD 84
DAVIE, FLORIDA 33324

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

X Steven DiPaola
Required Signature/Registered Agent

12-10-13
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.

Steven DiPaola
Required Signature/Incorporator

12-10-13
Date

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