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(Requestor's Name)				
(Ad	ldress)			
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(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				





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MINISTON OF CORPORATIONS

D114

COVER LETTER

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

SUBJECT: LUCA FASHION, IN	1C.	
(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an original and one (1) copy of the a	rticles of incorporation and	l a check for:
☐ \$70.00 ☐ \$78.75 Filing Fee	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: PAUL THILEM		
11844 NW 11TH	ne (Printed or typed)	

Name (Printed or typed)

11844 NW 11TH CT

Address

CORAL SPRINGS, FL 33071

City, State & Zip

954-255-5435

Daytime Telephone number

Pthilem@aol.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 NAM The name of the corpora	tion shall be: LUCA FASHION, II	VC	- Jan Silver
	<i>NCIPAL OFFICE</i> Principal <u>street</u> address		Mailing address, if different is:
SUITE 210			4. 4.
	ERDALE, FL 33304	-	<u> </u>
ARTICLE III PUR The purpose for which t JEWLERY, E	POSE the corporation is organized is: TC.	SALES,	CLOTHING, CUSTOM
ARTICLE V INIT	IRES 1000 SH Stock is: 1000 SH FIAL OFFICERS AND/OR DIRECTORS GARY THORSSON PRES	- غ ،	
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTOR	Name and Title	:
ARTICLE V INIT	ILAL OFFICERS AND/OR DIRECTORS GARY THORSSON, PLES	- غ ،	:
ARTICLE V INIT	TIAL OFFICERS AND/OR DIRECTORS GARY THORSSON, PRES 1314 EAST LAS OLAS BLVD NO 12	Name and Title Address: Name and Title	

Name ar	nd Title:	Name and Title:
Addres	s	Address:
ARTICLE VI	REGISTERED AGENT	
Name:	PAUL THILEM	the registered agent is:
Address:	11844 NW 11TH CT	
	CORAL SPRINGS, FL 33071	•
ARTICLE VII		
Inc name and a	ddress of the Incorporator is:	
Name:	GARY THORSSON	
Address:	1314 EAST LAS OLAS BLVD NO12	
	FORT LAUDERDALE, FL 33001	
Having been na this certificate, A	med as registered agent to accept service of process am familiar with and accept the appointment as regi	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
Y	and The	01/06/14
Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein are t Department of State constitutes a third degree felony	true. I am aware that the false information submitted in a sprovided for in s.817.155, F.S.
	Gary Thousan	01/06/14
	Required Signature/Incorporator	Date