

P 14 000014560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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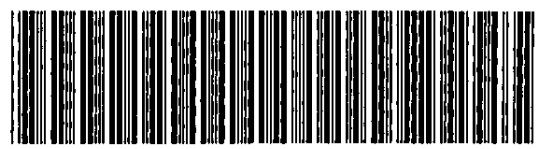
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 FEB 13 AM 9:19

2/18/14

COVER LETTER

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

SUBJECT: Lumi Maintenance Supply

(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: Yurihe Goicoechea

Name (Printed or typed)

8567 Coral way #300

Address

Miami, FL 33155

City, State & Zip

786-760-9505

Daytime Telephone number

fl.lumitech@gmail.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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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:

Lumi Maintenance Supply Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address

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Mailing address, if different is:

3403 NW 82 AVE Ste100

Doral, FL 33122

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesale maintenance supplies to commercial properties.

ARTICLE IV SHARES

The number of shares of stock is:

20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Yurihe Goicoechea CEO

Name and Title:

Fidel M Hernandez President

Address

8567 Coral way #300

Address:

7700 SW 155 Place #53

Miami, FL 33155

Miami, FL 33193

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: Yurihe Goicoechea

Address: 8567 Coral way #300

Miami, FL 33155

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yurihe Goicoechea

Address: 8567 Coral way #300

Miami, FL 33155

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

02/10/2014

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

02/10/2014

Date

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