

P140000044374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

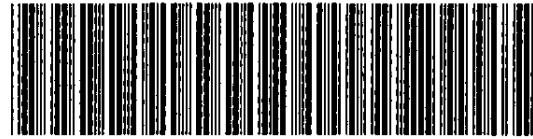
(Document Number)

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14 MAY 19 PM 3:25  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

## COVER LETTER

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

SUBJECT: **LUQSANTOS, 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: **GIOVANNA L. LESTER**

Name (Printed or typed)

**6858 SW 89th TERRACE**

Address

**PINECREST, FL 33156**

City, State & Zip

**786-261-7094**

Daytime Telephone number

**GIOLESTER@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: LuqSantos, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6858 SW 89th Terrace

Pinecrest, FL 33156

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful activity for which a corporation may be organized in the State of Florida, other than banking, trust company or professional practice, as per any applicable Florida Code or Statute.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 valued at \$1 each

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

Name and Title: Giovanna Luquini Lester, P

Address: 6858 SW 89th Terrace  
Pinecrest, FL 33156

Name and Title: Humberto dos Santos Filho, VP

Address: R. Boulevard Manoel Fraga 18  
Itapuã Salvador BA  
Brazil 41610-130

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

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

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

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

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

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

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

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

14 MAY 19 PM 3:26

SECTION 1409.01  
DIVISION OF REVENUE

(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: Giovanna L. Lester

Address: 6858 SW 89th Terrace

Pinecrest, FL 33156

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Giovanna L. Lester

Address: 6858 SW 89th Terrace

Pinecrest, FL 33156

*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*

Giovanna L. Lester

Required Signature/Registered Agent

5/15/2014

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.*

Giovanna L. Lester

Required Signature/Incorporator

5/15/2014

Date

14 MAY 19 PM 3:28  
STATE DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS