P14000058140

(Re	equestor's Name)				
(Ad	ldress)				
(Ac	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Perconversations with mr langer on 1/8/14 File As at

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M.

COVER LETTER

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

SUBJECT: CPROPOSED 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 \$87.50 \$87.50 Filing Fee Filing Fee & Filing Fee & Filing Fee, & Certificate of Status

ADDITIONAL COPY REQUIRED

ROM: LUZ MARIA AlmodovAR
Name (Printed or typed)
12937 TRibute DR.
Address
Riverview, Florida 33578
City, State & Zip
(813) 489 - 3317 Daytime Telephone number
Daytime Telephone number
La modovar 55@ amail.com E-mail address: (to be used for future annual report notification)

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



May 29, 2014

LUZ MARIA ALMODOUAR 12937 TRIBUTE DR RIVERVIEW, FL 33578

SUBJECT: LULU CLEANING SERVICE

Ref. Number: W14000025850

We have received your document for LULU CLEANING SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director titleinformation. http://www.sunbiz.org/titledef.html.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott Regulatory Specialist II New Filings Section

www.sunbiz.org

Letter Number: 614A00011521

Division of Comparations DO ROY 6397 Tallahasson Florida 39314

7:1 24504 10804



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 20, 2014

LUZ MARIA ALMODOUAR 12937 TRIBUTE DR RIVERVIEW, FL 33578

SUBJECT: LULU CLEANING SERVICE

Ref. Number: W14000025850

We have received your document for LULU CLEANING SERVICE and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00013423

1 1 2

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

TICLE II	PRINCIPAL OFFICE Principal street address	· ·	dress, if different is:
3927 Sivelis	Ew. Florida 33578		w, Florida
TICLE III F purpose for wh	PURPOSE ich the corporation is organized is:	Jeaning Ser	ice
	SHARES #		
number of share	s of stock is:	CTORE DE LA COMPANION DE LA CO	
number of share	INITIAL OFFICERS AND/OR DIRE Title: Luz Maria Almodo 12937 Tribute Dr.	CTORE Name and Title: Address:	
Name and	INITIAL OFFICERS AND/OR DIRE Title: Luz Maria Almodo 12937 Tribute Dr.	Address: 4_33<78	30 PM
Name and	INITIAL OFFICERS AND/OR DIRE Title: Luz Maria Almoro 12937 Tribute Dr. Riverview, Florida	Address:	30 PM
Name and Name and Address	INITIAL OFFICERS AND/OR DIRE Title: Luz Maria Almoro 12937 Tr. hute Dr. Biverview, Florida Title:	Address: A 33 < 78 Name and Title: Address:	30 PM 4: 07

(conti.)

	Name an	d Title:	•	Name and Title	:		
	Address			Address:			
					•		
			•				
	ARTICLE VI	REGISTERED AGENT					
	The <u>name and Fl</u>	orida street address (P.O. Box NOT acce	ptable) of	the registered age	ent is:		
	Name:	LUZ MARIA Almod	OUN	,			
•	Address:	12937 Teibute	<i>2</i> .				3
	11441055.	Priverview F1. 33	2-170	·		يَ جَ	
		THURWIEW, FI. 3	22 /0			JUN 3	
	ARTICLE VII	INCORPORATOR				30	
	The <u>name and ad</u>	dress of the Incorporator is:	,			÷:	10 mg
	Name:	Luz Maria Alm	od a	IAR		07	
	Address:	12937 Tribute	<u> </u>				77.
		RIVERVIEW FL.	335	28			
		,					
		ned as registered agent to accept service of am familiar with and accept the appointme					ed in
_			/				·
	12/4	ana Mur John			pene	- /// / J	,
	. 10	Required Signature/Registered Ag			1)		
	I submit this document to the L	ument and affirm that the facts stated he Department of State constitutes a third degi	rein are t ree felonv	rue. I am aware o as provided for i	that the false informati in s.817.155. F.S.	on submitted	in a
		n. ((D () 1	,	,	Λ	. 10 10	/
(S)	May 1	Required Signature/Incorporate	<u> </u>		June	Date /(/4	_
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