

P140000069591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

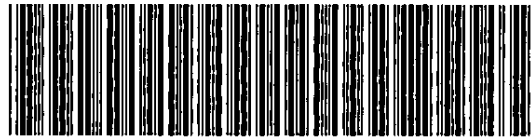
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 15 PM 3:05

COVER LETTER

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

SUBJECT: Lovoka USA, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Lovoka USA, Inc.

Name (Printed or typed)

1000 Brickell Ave., Suite 915

Address

Miami, Florida 33131

City, State & Zip

305-748 1334

Daytime Telephone number

tw@lovokausa.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: Lovoka USA, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 Brickell Ave., Suite 915

Miami, Florida 33131

ARTICLE III PURPOSE

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE IV SHARES

The number of shares of stock is: 10 Million

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thorsten Waldbroel, President

Name and Title: Morne van Dyk, CEO

Address 1000 Brickell Ave., Suite 915

Address: 1000 Brickell Ave., Suite 915

Miami, Florida 33131

Miami, Florida 33131

Name and Title: Gregory Rodrigues, Director

Name and Title: Ms. Natasha Rodrigues, Director

Address 1000 Brickell Ave., Suite 915

Address: 1000 Brickell Ave., Suite 915

Miami, Florida 33131

Miami, Florida 33131

Name and Title: Mario Teixeira, Director

Name and Title:

Address 1000 Brickell Ave., Suite 915

Address:

Miami, Florida 33131

(cont.)

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: NRAI Services, Inc.
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Thorsten Waldbroel
Address: 1000 Brickell Ave., Suite 915
Miami, Florida 33131

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

By Cathi J. Wall
NRAI Services, Inc.
Required Signature/Registered Agent

08/11/2014

Date

Cathi J. Wall, Asst. Secretary
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.

Thorsten Waldbroel
Required Signature/Incorporator

August 11th, 2014

Date

Thorsten Waldbroel

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