PH-000071213

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W14-49621





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COVER LETTER

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

SUBJECT:	LD let Se	ervices Inc Ite name- <u>must incl</u>	••
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
	Luis G. Cutin		
	00 NW 1284Dr.	Addiess	
		33323 State & Zip	
	954) 496 - 14 Daytime T		~
	E-mail address: (to be use	ed for future annual report	notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 13, 2014

LUIS G. GUTIERRER 1500 NW 128TH DR. APT. #307 SUNRISE, FL 33323

SUBJECT: LLD JET SERVICES INC.

Ref. Number: W14000049621

We have received your document for LLD JET SERVICES INC. 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.

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.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 914A00017406

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



	poration shall be: LLO Jet	Servic	es Inc+ AUG 22 PH 4: 29
	PRINCIPAL OFFICE Principal street address		Mailing address Fifthifferent is:
	1		Mailing address a Chifferent is: OF STATE TALL AFF SSEE STORIDA
500 N	w 1284n Dr. cupt #307		(119)
unrise	FL 33323		
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RTICLE III P	IRPOSE		
	ch the corporation is organized is:	movide	graphic design
ecvices.	and preparation ser	vice.	for the surcraft
	ing Industry.		
efinish	ing Industry.		
			
RTICLE IV S			
e number of shares	s of stock is: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
RTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	<u>:s</u>	
Name and T	ritle: Luis G. Gutierres	Name and T	Fitte: Daniela I- Porciard.
Address			1500 NW 128th Dr apt #
	apt. # 307	_	surise FL. 33323
	Sunrise FL 33323	_	
		-	
Name and Ti	itle:	_ Name and T	Title:
Address		Address	
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(conti.)

Name and Title: Name and Title: 14 AUG 22 PH 4: 29 Address Address: ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: wis G Gutierrer Name: 1500 NW 128th Dr. apt # 307 Address: Sunrise FL 33323 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Lis G. Gatherrer Name: 1500 NW 128th Dr. apt #307 Address: Survise FL 33323 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 08/04/2014 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 08/04/2014 Date