

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000208251 3)))



H140002082513ABCK

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (786) 409-5946

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

LUISHY CORP.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

80348

Electronic Filing Menu

Corporate Filing Menu

Help

14 SEP -4 PM 12:17

14 SEP -4 PM 4:16

FILED

RECEIVED

02

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MD 9/5

3

414000208051

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: **LUISHY CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1007 NW 155 LANE

APT 318

MIAMI, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **REAL ESTATE INVESTMENTS**

14 SEP - 11 PM 12:17
CLERK OF STATE
TALLAHASSEE, FL 32399

FILED

ARTICLE IV SHARES

The number of shares of stock is: **500**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **JANNETTE RIVERA PRESIDENT**

Address: **1007 NW 155 LANE**
APT 318
MIAMI, FL 33169

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

(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: JANNETTE RIVERA
Address: 1007 NW 155 LANE APT 318
MIAMI, FL 33169

FILED
14 SEP -4 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: JANNETTE RIVERA
Address: 1007 NW 155 LANE APT 318
MIAMI FL 33169

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

[Signature]
Required Signature/Registered Agent

9/3/2014

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.

[Signature]
Required Signature/Incorporator

9/3/2014

Date

1508020007H