P150000/3007

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

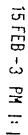
Office Use Only



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COVER LETTER

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

SUBJECT:	.uya Investment Corp		
	(PROPOSED CORPORA	ATE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal 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
•		ADDITIONAL CO	
	Amanda Bender Name 120 E. Hallandale Bauch	e (Printed or typed) Blvd., Suite 801	
	landau Beach . Ft 330 City,	O)9 State & Zip	
	(305) 514 - 0153 Daytime T	elephone number	
	Amandaa aftitle.u	on d 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 N	AME	FILED	
he name of the corp	oration shall be: LUYA INVESTMENT	Corporation 15 FEB -3 PH 1:	-
ARTICLE II P	RINCIPAL OFFICE	Mailing address if different is:	10
1 m2 c m 4 m	Principal <u>street</u> address	Mailing address, if different is:	E
	ean Drive, Apt. # 1907	- Cont	1);
lallandate Bu	uch, fz 33009		
<u> </u>			
RTICLE III P	<u>URPOSE</u>		
he purpose for which	ch the corporation is organized is:	whill business purpose including b	<u>ut</u>
10t limited to	real estate.		
	HARES		
The number of shares	s of stock is:		
ARTICLE V I	NITIAL OFFICERS AND/OR DIRECTOR	es .	
	was Sagua laggan Dill	for secretary	
Name and	Title: Uael Szapyo / President/DIPU	Name and Title:	
Address	1800 South Grean Drive, #	Address:	
	Hallandale Beach, Fz 33009		
	•		
Name and T	itle:	Name and Title:	
Address			
		_ Address:	
		Address:	
		Address:	
		Address:	
Name and T			
	itle:	Name and Title:	
Name and T Address		Name and Title:	
	itle:	Name and Title:Address:	



Name an	d Title:	Name and Tit	15 FEB -3 PM 1: 15
Address		Address:	SECRETARY OF STATE TALLAMASSEE, FLORIDA
		_	
ARTICLE VI	REGISTERED AGENT Iorida street address (P.O. Box NOT acceptable)	of the registered :	agent is:
		or the registered t	
Name:	Amarda H. Bender, ESO.	<u> </u>	
Address:	1920 E. Hallandale Beach Blvd.,	井801	
,	Hallandale Beach, fr 33009		
ARTICLE VII	INCORPORATOR		
The name and ac	ddress of the Incorporator is:		
Name:	Amanda bandu, tsa.	_	
Address:	1920 E. Hallandale Beach Blvd.	<u>.,</u> #80	
	Hallandale Beach, fi 33009		
Having been nan this certificate, I	med as registered agent to accept service of proce am familiar with and accept the appointment as i	ess for the above registered agent a	stated corporation at the place designated in nd agree to act in this capacity
//	BI		1/29/15
	Required Signature/Registered Agent		Date
	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel		
	.Bu		1/29/15
	Required Signature/Incorporator		Date