

Division of Corporations **Electronic Filing Cover Sheet**

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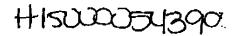
FLORIDA PROFIT/NON PROFIT CORPORATION TUX D' LUX, INC.

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: Tux d' Lux, IIIC					
(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 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM:	CARLOS RA CIO MANNYS 8450 5 W 87	MOS (Printed or typed) FORMAL WEO TO STREET ddress	<u> </u>		
	MIAHI, FLORIDA City, State & Zip				
_	784 253 Daytime Te	444 lephone number		FILED	
	E-mail address: (to be used	SMG. COM for future annual report n	↓ (1) (1) The (1) 20	Ģ	

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)

FILED

ARTICLE I NAME The name of the corporati	on shall be: Tuxd'L	ox, Inc.	15 HAR -3 AM 9:01
	CIPAL OFFICE Principal street address	Mailing address, i	PLUNETADY non-
	ORIDA 33144	HIAMI FO	14,33144
	e corporation is organized is:		
TO Re	wo and sale Tione	tos 450.75	
ADMICE IN III SWAL			
The number of shares of s	pock is: 100		
Name and Title:	CAR OS PANOS	Namo and Title: Presides Address:	ST SECRETARY
Address _	MIAHI FLA, 3314	Address:	
- Name and Title:_		Name and Title:	
Address _		Address:	
- -			
·		Name and Title:	
Address _		Address:	
_			

Name and Title:	Name and Tide:
Address	Address:
	
ARTICLE VI REGISTERED AGENT	
The name and Florida street uddress (P.O. Box No	
Name: CARIOS RAMOS	, Clo MANOYS Formal Wear
Address: 8450 SW STA	1 STreeT
MIAMI FLA.	<u> 33144</u>
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
Name: CARlos RAMOS	5 C/O HAWRYS FORMAL WEAR
Address: 8450 Sw 814	
MIAMI FLA. 3	3144_
Having been named as registered agent to accept s this certificate, I am familiar with and accept the ap	politiment as registered agent and agree to act in this capacity
Rogured Stephanyre/Regis	Warred Apent Date
The second secon	· •
t submit this accument and affirm that the facts s document to the Department of State constitutes a ti	tated herein are true. I am aware that the false information submitted in a hird degree felony as provided for in \$817.155, F.S.
	03/03/15.
Regence Signature/Inc	porporato P Data
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