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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

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

Email Address:

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## FLORIDA PROFIT/NON PROFIT CORPORATION **ILUMINA INC**

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

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H1500014/4/2

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

ARTICLE I NAME: The name of the corporation is:		
LUMINA INC		
ARTICLE II PRINCIPAL OFFICE:	<del>-</del>	
The principal street address and mailing address is:		
BZAZ NW 107 CT UNITA		
DORAL, FL 33178		
ARTICLE III SHARES: The number of shares of stock is: 100		
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:		
RAMON ROJAS PRESIDENT	7	
		<u> </u>
	15 JUN	VISIO.
	5	10F 0
	PM 12: 0	ORPOS
	9:01	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:		
The name and Florida street address (PO Box not acceptable) of the registered agent is $RAMONROJAS$	3:	
8242 NW 107 CT UNIT 4		
DORAL FL 33178		
A DIMON DATE - DAGGODDOD AMOD, The name and address of the Incomposition in		
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is  RAMON ROJAS	i.	ļ
8242 NW 107 CT UNITY		
DORAL FL 33178		

## Required Signatures:

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

Registered Agent 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.

incorporator 06/16/15

IVISION OF CONFUN