# P15000019822

| (Re                     | questor's Name)   |             |
|-------------------------|-------------------|-------------|
| (Address)               |                   |             |
| (Ad                     | dress)            |             |
| (Cit                    | y/State/Zip/Phon  | e #)        |
| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    | )           |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
|                         |                   |             |
|                         |                   |             |
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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:             | GO LUXUNY INC<br>PROPOSED CORPORA          | TE NAME – <u>MUST INCLI</u>         | JDE SUFFIX)  |
|----------------------|--|-------------------------------------|--|
| Enclosed are an orig | inal and one (1) copy of the art           | icles of incorporation and          | 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  |
| FROM:                | Hanly A. W                                 | (Printed or typed)                  |  |
|                      | 420 NE 36                                  | address                             |  |
| <del></del>          | Boca Bat                                   | on, FL 33431<br>State & Zip         |  |
|                      | 302-22<br>Daytime T                        | 9-7015<br>elephone number           |  |
|                      | E-mail address: () o be used               | Kenal vahao.a                       | OM_<br>otification)  |

 $\label{eq:NOTE:Please provide the original and one copy of the articles.}$ 

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

| ARTICLE I NAME The name of the corporation shall be:  | C.                         |  |
|---|----------------------------|--|
| ARTICLE II PRINCIPAL OFFICE  420 NE 36 Principal street address  Boca Raton, FL 3343)   | Mailing address            | s, if different is:  |
| operations, including but not limited   | to: real estate            | nrough its<br>and consulting<br>and helping                    |
| ARTICLE IV SHARES The number of shares of stock is:  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title: HQNIV A. WQIVET  Address H20 NE 36TH ST  Tron Ration, FL 33H31  HWW. WWW. | _ Name and Title:          | SCORETARY OF FLORIBA  FALLAHAPETER PH 2: Du  15 SEP 2 PH 2: Du |
| Name and Title:  Address  |                            |  |
| Name and Title: Address   | _ Name and Title: Address: |  |

| 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: HONY H. WOLLEY TIME   | JEMWILL   |
| Address: 420 NE 36TH ST   | V   |
|   |   |
| ARTICLE VII INCORPORATOR  |   |
|   | A A   |
| The name and address of the Incorporator is:  | H1 M1000  |
| Name: 110/11/17 NULL 2/11/5T  | gg war  |
| Address: 201101;  | 1   |
| 1200 13310V), 7 L 23 13   | 7)  |
| ARTICLE VIII EFFECTIVE DATE:  |   |
| Effective date, if other than the date of filing:   | (OPTIONAL) the more than five business days prior or 90 business  |
| days after the filing.)   | •   |
| Note: If the date inserted in this block does not meet the applicable the document's effective date on the Department of State's records. | statutory filing requirements, this date will not be listed as  |
| the document's effective date on the Department of State 3 records.   |   |
| Having been named as registered agent to accept service of process this certificate, I am familiar with and accept the appointment as reg | for the above stated corporation at the place designated in istered agent and agree to act in this capacity |
| TAMIN LOT MICHOUR   | alialone  |
| Required Signature/Registered Agent   | Date  |
| I submit this document and affirm that the facts stated herein are  |   |
| document to the Department of State constitutes a third degree felony   | y as provided for in s.817.155, F.S.  |
| Required Signature/Incorporator   | 9/10/2016<br>Date   |
| <u>A</u>  | <del></del>   |

# **COVER LETTER**

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

| SUBJECT:             | GO LUXURY INC                              | TE NAME – <u>MUST INCLI</u>              | IDE SUFFIX)   |
|----------------------|--|--|---|
|                      | (1.101.02.22.0.7.11.0.11.                  |  |   |
| Enclosed are an orig | inal and one (1) copy of the art           | icles of incorporation and               | 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                            | Status PY REQUIRED                                  |
| FROM:                | Hanly A. V<br>420 NE 36                    | Valker<br>e (Printed or typed)<br>the H. |   |
| <del></del>          | Za Pat                                     | On FL 33H31 State & Zip                  |   |
|                      | 302-22<br>Daytime T<br>World 1100          | 9-7015<br>Telephone number               | (A)W)   |
|                      | E-mail address: (fo be use                 | d for future annual report r             | 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 NAME  The name of the corporation shall be:   \[ \begin{align*} \text{ARTICLE I NAME \\ \text{NAME NAME \\ \text{The name of the corporation shall be: } \\ ARTICLE I NAME \\ \text{NAME \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | ury Inc.                             |
|---|--------------------------------------|
| 420 NE 30 Principal street address  | Mailing address, if different is:    |
| Boca. Raton, FL 33431   |                                      |
| V5A   |                                      |
| ARTICLE III PURPOSE  The purpose for which the corporation is organized is  | i                                    |
| The purpose of Go Luxury  | Inc. 15 to earn profit through its   |
| operations, including but not   | limited to real estate and consul-   |
| This concention is concent  | ed with its own interest, and helpir |
| the stimulation of the S  | outh Florida market.                 |
|   |                                      |
|   |                                      |
|   | 1<br>""7"                            |
| ARTICLE IV SHARES The number of shares of stock is:   |                                      |
|   | []<br>[]                             |
| ARTICLE V INITIAL OFFICERS AND/OR DIR   | ll on                                |
| Name and Title: TUIN H. WUN   | LT ?                                 |
| Address HUNE 36 17  | 22L/2\                               |
| Manhall Myn   |                                      |
| THUYC: VUL  |                                      |
| Name and Title:   | Name and Title:                      |
| Address   | Address:                             |
|   |                                      |
|   |                                      |
|   |                                      |
| Name and Title:   | Name and Title:                      |
| Address   | Address:                             |
|   |                                      |
|   |                                      |

| Name and Title:  | Name and Title:  |
|--|--|
| Address  | Address:   |
| ·  |  |
|  |  |
|  |  |
| ARTICLE VI REGISTERED AGENT  | de contrared consets   |
| The name and Florida street address (P.O. Box NOT acceptable) of   | the registered agent is:                                       |
| Name: Fluilly 11. WUINCE VIII Address: 420 NF 36TH ST  | Jammee .   |
| Address: Page Ralan Ta 221121  |  |
| DOOD TOHOU, + L 307 51   |  |
| ARTICLE VII INCORPORATOR   |  |
| The name and address of the Incorporator is:   | MASAMA.  |
| Name: Hany A. Nalker 'Tull   | HI Walke   |
| Address: 420'NF 367H 5T.   | U .  |
| Boca Boton, FL 3343  | )  |
|  |  |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:   |  |
| (If an effective date is listed, the date must be specific and cannot days after the filing.)  | be more than five business days prior or 90 business           |
| Note: If the date inserted in this block does not meet the applicable s  | statutory filing requirements, this date will not be listed as |
| the document's effective date on the Department of State's records.  |  |
| Having been named as registered agent to accept service of process,  |  |
| this certificate, I am familiar with and accept the appointment as region in the control of the control of the control of the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with and accept the appointment as region in the certificate, I am familiar with an accept the appointment as region in the certificate and accept the appointment as region in the certificate and accept the appointment as region in the certificate and accept the appointment as region in the certificate and accept the appointment as region in the certificate and accept the certifica | Mereu agent and agree to act in this capacity                  |
| Required Signature/Registered Agent  | 9/15/2015<br>Date  |
| I submit this document and affirm that the facts stated herein are t   | rue. 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 \$.81 /.155, F.S.                           |
| Required Signature/Incorporator  |  |
| V  |  |