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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MD 3/22

COVER LETTER

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

SUBJECT: LULA PALM BEACH, INC  
(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  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: FRANCELIA PORTUONDO  
Name (Printed or typed)  
101 WEDGEWOOD CIRCLE  
Address  
GREENACRES, FL 33463  
City, State & Zip  
(561) 452-4634  
Daytime Telephone number  
prettydngerous@yahoo.com  
E-mail address: (to be used 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 NAME LULA PALM BEACH, INC  
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE  
Principal street address

101 WEDGEWOOD CIRCLE  
GREENACRES, FL 33463

Mailing address, if different is:

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ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS  
The purpose for which the corporation is organized is:

ARTICLE IV SHARES 100  
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCELIA PORTUONDO, PRES

Address: 101 WEDGEWOOD CIRCLE  
GREENACRES, FL 33463

Name and Title: RISSELLE PORTUONDO, VP

Address: 101 WEDGEWOOD CIRCLE  
GREENACRES, FL 33463

Name and Title:

Address:

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: FRANCELIA PORTUONDO  
 Address: 101 WEDGEWOOD CIRCLE  
GREENACRES, FL 33463

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: FRANCELIA PORTUONDO  
 Address: 101 WEDGEWOOD CIRCLE  
GREENACRES, FL 33463

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: MARCH 07, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be 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 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 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*

\_\_\_\_\_  
 Required Signature/Registered Agent 03/07/2016  
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.*

\_\_\_\_\_  
 Required Signature/Incorporator 03/07/2016  
Date