

P160000049629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

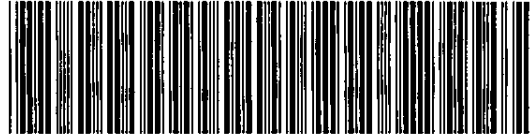
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/01/16--01021--002 **70.00

16 OCT -4 AM 7:23
16 OCT 2016

COVER LETTER

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

SUBJECT: Lunamar Studio, 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: Vicki L Perkins
Name (Printed or typed)

430 Scarlet Sage
Address

Punta Gorda, FL 33955
City, State & Zip

269-290-4546
Daytime Telephone number

lunamarstudio@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2016

VICKI L. PERKINS
430 SCARLET SAGE
PUNTA GORDA, FL 33955

SUBJECT: LUNAMAR STUDIO, INC.
Ref. Number: W16000055242

We have received your document for LUNAMAR STUDIO, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 916A00016835

RECEIVED
16 OCT -4 PM 12:39
DIVISION OF CORPORATIONS
REGULATORY SERVICES

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: Lunamar Studio, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
430 Scarlet Sage

Punta Gorda, FL 33955

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Establishing new business

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Vicki L Perkins, President

Address: 430 Scarlet Sage

Punta Gorda, FL 33955

Name and Title:

Address:

Name and Title: Margarita S Navarrete de Dille, President

Address: 23221 Elmira Bl

Punta Gorda, FL 33980

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

16 OCT - 4 AM 7:24

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: VICKI L. PERKINS

Address: 430 SCARLET SAGE
PUNTA GORDA, FL 33955

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Vicki L Perkins

Address: 430 Scarlet Sage
Punt Gorda, FL 33955

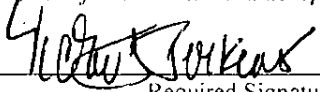
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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.)

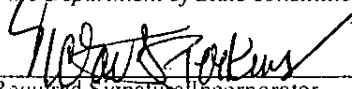
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

8-17-16
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

7-21-2016
Date