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DIVISION OF CORPORATIONS
AND BUSINESSES

EFFECTIVE DATE 10/15/16

10/12/16

COVER LETTER

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

SUBJECT: LUXE ESTATE CONCIERGE SERVICES, 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: LUXE ESTATE CONCIERGE SERVICES, INC.

Name (Printed or typed)

1270 NE 85TH STREET

Address

MIAMI, FLORIDA 33138

City, State & Zip

305 607-4045

Daytime Telephone number

LUXEECS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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STATE OF FLORIDA
2016 OCT 11 PM 12:15

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: LUXE ESTATE CONCIERGE SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
1270 NE 85TH STREET
MIAMI, FLORIDA 33138

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES COMMON PAR \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>ADELAIDA M. ARTIME, PRESIDENT</u>	Name and Title:	<u>YVONNE FIGUEROA, V.P.</u>
Address	<u>1270 NE 85TH STREET</u>	Address:	<u>1270 NE 85TH STREET</u>
	<u>MIAMI, FLORIDA 33138</u>		<u>MIAMI, FLORIDA 33138</u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>
Name and Title:	<u></u>	Name and Title:	<u></u>
Address	<u></u>	Address:	<u></u>

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: ADELAIDA M ARTIME
Address: 1270 NE 85TH STREET
MIAMI, FLORIDA 33138

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AND BUSINESSES

ARTICLE VII INCORPORATOR

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

Name: ADELAIDA M ARTIME
Address: 1270 NE 85TH STREET
MIAMI, FLORIDA 33138

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/15/2016 (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

Adelaida M Artime
Required Signature/Registered Agent

10-5-16
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.

Adelaida M Artime
Required Signature/Incorporator

10-5-16
Date