P17000009309

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, ,				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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17 JAN 27 AM 10: 23
SEURE LARY OF STATE
ATTAMASSEF, FLORIDA

01/30/17

COVER LETTER

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

SUBJECT: LUXUIY CU	Stom H	ones I		
,				
Enclosed are an original and one (1) copy of the artic \$70.00 \$\sum \\$78.75\$ Filing Fee 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: Michael V. Deluch Name (Printed or typed)				
Address Address Address Address				
561-455-3090				
Vince a ecopure	elephone number), COM		

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

RE: Luxury Custom Homes, Inc

Document # P15000079266

To Florida Department of State:

I am writing you this letter regarding the above company and document number. I spoke

with someone at Sunbiz who told me that the company was dissolved in Sept 2016.

They also said to write a letter to let you know our situation. My previous office manager

who I fully trusted in taking care of the daily office duties and to file the annual report for

Luxury Custom Homes, Inc and other companies. Unfortunately, I just found out that it

was not taken care of in the timely matter that it should have. We are the same owners

and would like to keep the same name. Enclosed is the application and payment to

continue our corporation with the same name. We appreciate your understanding in this

matter.

Feel free to contact me with any questions at 561-455-3070

Sincerely,

Michael V. Deluca

SECRETARY OF STATE

FILE

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

) D. Sh	Principal street address	Mailing a	address, if different is:
erfield	1 Rch, FL 33442		
TICLE III PU.	RPOSE ch the corporation is organized is:		
try Ar	d All LAWful 6	Business	
			17 SEL
			JAN AHA
- M- F			27 ARY SSE
			7. F
			USIAI FORM
			————————————————————————————————————
ne number of share	s of stock is:		
he number of share	ritle: M. Chael V Delve A-Pa	Name and Title:Address:	
he number of share **RTICLE V IN.** Name and Address	ritle: M. Chael V Delve A-Pa	Address:	
he number of share **RTICLE V IN.** Name and Address	TITIAL OFFICERS AND/OR DIRECTORS Title: Michael V Deluc A-Parantel Sur 12 Ave Deerfield beh FL 33442	Address:	
he number of share **RTICLE V IN.** Name and Address Name and 1	ritle:	Address: Name and Title: Address:	
Name and Address Address	Title: Michael V Delve A-Particle: Michael V Delve A-Particle Boh, FL 33442	Address: Name and Title: Address:	
Name and Address Name and Address	Title: Michael V Delve A-Pa Sectoral Boh FL 33443	Address: Name and Title: Address: Name and Title:	

Name and Title:	Name and Title:	
Address	Address:	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT accepta	able) of the registered agent is:	
Name: Michael V Delica		17 JI SECH
Address: 272 SV12 Ave Deerfield Boh, FL 33	<u></u>	JAN 27 AM CRETARY OF LAHASSEE F
ARTICLE VII INCORPORATOR		AM IO: 23
The name and address of the Incorporator is:		DF ω
Name: Michael V. Deluca	-	
Address: 272 SW 12 Ave	3 <u>34</u> 47-	
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 filing.)	(OPTIONAL) cannot be more than five days p) rior or 90 days after the
Note: If the date inserted in this block does not meet the appl the document's effective date on the Department of State's rec		s, this date will not be listed as
Having been named as registered agent to accept service of p this certificate, I am familiar with and accept the appointment	as registered agent and agree to a	ation at the place designated in ct in this capacity
Required Signature/Registered Agen		1 - 24 - 17 Date
Required Signature/Registered Agen	nt	Date
I submit this document and affirm that the facts stated herei document to the Department of State constitutes a third degree	in are true. I am aware that the fo e felony as provided for in s.817.15	alse information submitted in a 35, F.S.
Required Signature/Incorporator		1 - 24 - 17 Date
Required Signature/Incorporator	, <u>, , , , , , , , , , , , , , , , , , </u>	Date