

P/7000078524

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(Business Entity Name)

(Document Number)

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17 SEP 29 PM 1:06:07

September 29, 17

To Whom it may Concern,

I Cortetter Smith is Writting this letter  
to inform you that I'm the previous owner  
of 4UKARE INC. ~~PLEASE~~ P16000071359

Thank You  
Cortetter Smith

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2017 SEP 29 PM 1:03  
FBI - NEW YORK

## COVER LETTER

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

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SEP 29 11:03

SUBJECT: LUKARE 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: Mrs. Cortez Smith  
Name (Printed or typed)

2800 South Adams St  
Address

Tallahassee FL 32301-9998  
City, State & Zip

(850) 980-5029 / 1-800  
Daytime Telephone number

LUKARE10@gmail.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

The name of the corporation shall be: 4UKARE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2900 South Adam St P.O. Box 38454  
Tallahassee FL 32301-9998 Tallahassee FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO render Service to the  
elder and disable

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cordell Smith Name and Title: President

Address: 2900 South Adam St Address: \_\_\_\_\_  
Tallahassee FL 32301-9998

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2017 SEP 29 11:03

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: Cortetter Smith

Address: 2800 South Adams St  
Tallahassee FL 32301-9998

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cortetter Smith

Address: 2800 South Adams St  
Tallahassee FL 32301-9998

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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 days prior or 90 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*

Cortetter Smith  
Required Signature/Registered Agent

\_\_\_\_\_  
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.*

Cortetter Smith  
Required Signature/Incorporator

\_\_\_\_\_  
Date