

P17000 100582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

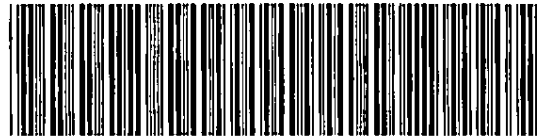
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/22/17--01021--015 **70.00

J REYES
DEC 22 2017

FILED
17 DEC 22 PM 5:43
HITLER, JEFFREY L
CLERK

COVER LETTER

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

SUBJECT: Lucky Thirteen 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: Mimi Guzman
Name (Printed or typed)

6718 Kingswood Dr N
Address

St Petersburg FL 33702
City, State & Zip

727-491-3782
Daytime Telephone number

Realtorguzman@aol.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: Lucky Thirteen Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
6718 Kingswood Dr N
St Petersburg FL 33702

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Selling and managing
real estate

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mimi Grzman, President Name and Title: _____

Address 6718 Kingswood Dr N Address: _____

St Petersburg FL 33702

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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47 DEC 22 PM 5:43
CLERK OF DISTRICT COURT
JUDICIAL CIRCUIT IN AND FOR THE
SEVENTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

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: Stephanie Pitts

Address: 860 24th Ave N
St Petersburg FL 33704

ARTICLE VII INCORPORATOR

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

Name: Mimi Guzman

Address: 6718 Kingswood Dr N
St Petersburg FL 33702

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JUDICIAL CIRCUIT IN AND FOR
THE STATE OF FLORIDA

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:

[Signature]
Required Signature/Registered Agent

12/16/17
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.

[Signature]
Required Signature/Incorporator

12/20/17
Date