Division of Corporations

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Account Name : FLORIDA MULTISERVICES, INC.

Account Number : I20150000061

Phone

: (786)290-3319

Fax Number

: (305)645-2035

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FLHUltisonices@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION LUCIANO CARPENTRY INC

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COVER LETTER

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

SUBJECT: LUCIAN	NO CARPENTRY INC		
SUBJECT:	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	i a check for:
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL COPY F		PY REQUIRED
FROM:		e (Printed or typed)	
560.	B POLK STREET UNIT A	Address	
но	LLYWOOD, FL 33021	Aduress	
	City	State & Zip	
. (754	i)801-4047		
· · · · · · · · · · · · · · · · · · ·	Daytime I	Celephone number	
flmu	ltiservices@yahoo.com		
	E-mail address: (to be use	d for future annual report r	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 NAMI The name of the corpor	E LUCIANO CARPENTRY IN ation shall be:	¢	
ARTICLE II PRIN		Mailing addr	ess, if different is:
HOLLYWOOD, FL 33			
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	ALL LAWFUL BUSINES	
			2010 MAR BEOUS L
	ES TWO HUNDRED SHARES NO F stock is: AL OFFICERS AND/OR DIRECTORS	'AR YALUE	R 28 AH 8: 20
	TIME BUILDIE B	_ Name and Title:	, , –
Address	5603 POLK STREET UNIT A		
HOLL	HOLLYWOOD, FL 33021	<u> </u>	
Name and Title	ZULEICA OGANDO DE PUJOLS VP	Name and Title:	
Address	5603 POLK STREET UNIT. A	Address:	
	HOLLYWOOD, FL 33021	-	
No. a o d Tible		Name and Trial	<u>. </u>
Address	:		
		<u> </u>	

Name a	and Title:	Name and Title:
Addre	ss	Address:
	· · · · · · · · · · · · · · · · · · ·	
		
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name;	LUIS PUJOLS	
Address:	5603 POLK STREET UNIT. A	
	HOLLYWOOD, FL 33021	<u> </u>
<u>ARTICLE VII</u>	<u>INCORPORATOR</u>	
The <u>name and a</u>	address of the Incorporator is:	
Name:	LUIS PUJOLS	
Address:	5603 POLK STREET UNIT. A	
	HOLLYWOOD, FL 33021	
Effective date, if	EFFECTIVE DATE: fother than the date of filing: date is listed, the date must be specific and can	. (OPTIONAL) mot be more than five days prior or 90 days after the
Note: If the date the document's e	e inserted in this block does not meet the applicat effective date on the Department of State's record	ole statutory filing requirements, this date will not be listed as
Having been nac this certificate, I	med as registered agent to accept service of proc am familiar with and accept the appointment as	ess for the above stated corporation at the place designated in registered agent and agree to act in this capacity
	dia	03/27/2018
U	Required Signature/Registered Agent	Date
I submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel	re true. I am aware that the false information submitted in a long as provided for in s.817.155, F.S.
. 4		03/27/2018
Rego	ired Signature/Incorporator	Date

H180000982993

LUCIANO CARPENTRY, INC. 5603 POLK STREET, UNIT # A HOLLYWOOD, FL 33021

Phone: 754-801-4047

March 27, 2018

FLORIDA DEPARTMENT OF STATE

Attention: New Filings Section

TO WHOM IT MAY CONCERN:

This is to advise you that the owners of LUCIANO CARPENTRY, INC., Document No. P07000107522 are the same owners of the attached articles of incorporation. We have dissolved the company on June 30, 2008 and have no intent of reopening it.

Thank you for your help in this matter,

Sincerely yours,

STATE OF FLORIDA COUNTY OF MIAMI-DADE

BEFORE ME, the undersigned authority, on March 27, 2018, appeared LUIS PUJOLS, who is personally known to me, and acknowledged that she executed the foregoing instrument for the purposes expressed therein.

Olga Lidia Capre a Dominguez

Notary State of Florida