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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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D O'KEEFE

JUL -9 2018

## COVER LETTER

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

SUBJECT: LUZ E AROCHO 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: LUZ E AROCHO

Name (Printed or typed)

121 SW LOBLOLLY PL

Address

LAKE CITY, FLORIDA 32024

City, State & Zip

(386) 487-5299

Daytime Telephone number

omarlucy@bellsouth.net

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** LUZ E AROCHO INC

The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
121 SW LOBLOLLY PL

Mailing address, if different is: \_\_\_\_\_

LAKE CITY

FLORIDA 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Started a new business.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**

The number of shares of stock is: 10

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LUZ E AROCHO PRESIDENT

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

Address: 121 SW LOBLOLLY PL

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

LAKE CITY, FLORIDA 32024

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

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

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

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

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18 JUL 25 AM 10:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: VEDA PRUITT

Address: 707 SW NURSERY ROAD

LAKE CITY, FLORIDA 32024

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VEDA PRUITT

Address: 707 SW NURSERY ROAD

LAKE CITY, FL 32024

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TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/01/2018 (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:*

Veda Pruitt

Required Signature/Registered Agent

06/30/2018

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.*

Veda Pruitt

Required Signature/Incorporator

06/30/2018

Date