

P18000077830

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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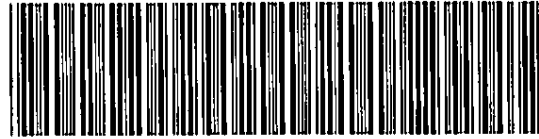
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2018 SEP 14 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 17 2018

T. SCOTT

COVER LETTER

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

SUBJECT: LUMIN ESCENSE, 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: ERIC N. ASSOULINE, ESQ.

Name (Printed or typed)

ASSOULINE & BERLOWE, P.A., 213 E. SHERIDAN STREET, SUITE 3

Address

DANIA BEACH, FL 33004

City, State & Zip

954-929-1899

Daytime Telephone number

ENA@ASSOULINEBERLOWE.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

LUMIN ESCENSE, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 N. 75TH AVENUE

HOLLYWOOD, FL 33024

ARTICLE III PURPOSE

ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES

100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fernando Augusto Reyes, President

Name and Title: _____

Address 1000 N. 75TH AVENUE

Address: _____

HOLLYWOOD, FL 33024

Name and Title: Fernando Augusto Reyes, Director

Name and Title: _____

Address 1000 N. 75TH AVENUE

Address: _____

HOLLYWOOD, FL 33024

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2010 SEP 14 AM 9:11
SECRETARY
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: Assculine & Berlowe, P.A.

Address: 213 E. SHERIDAN STREET, SUITE 3

DANIA BEACH, FL 33004

ARTICLE VII INCORPORATOR

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

Name: FERNANDO AUGUSTO REYES

Address: 1000 N. 75TH AVENUE

HOLLYWOOD, FL 33024

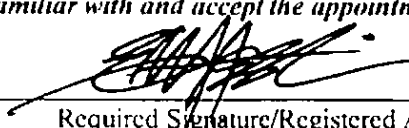
ARTICLE VIII EFFECTIVE DATE: 9/4/18

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


Required Signature/Registered Agent

9/4/18

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.


Required Signature/Incorporator

9/4/18

Date