

11/09/201

1 33

38 201 6

FAX MAIL CORPORATE

PAGE 81/

P18000092504

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H18000324136 3)))



H180003241363ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
LULU'S OPTICAL INC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

N. SAMS

NOV 13 2018

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: LULU'S OPTICAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address3685 NW 107 AVE SUITE 110DORAL, FL 33178

Mailing address, if different is:

3665 NW 107 AVE SUITE 110DORAL, FL 33178**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LOURDES REMON GARRIDO PAddress: 3665 NW 107 AVE SUITE 110DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: RICARDO ZIRULNIKOFF VP&SAddress: 3665 NW 107 AVE SUITE 110DORAL, FL 33178

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

18 NOV - 9 PM 12:11

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: LUIS F ROSALES

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: LUIS F ROSALES

Address: 5931 NW 173 DR STE 9

MIAMI, FL 33015


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

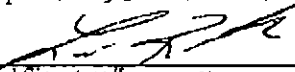
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

	11/06/2018
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.

	11/06/2018
Required Signature/Incorporator	Date

18 NOV -9 PM 12:11