

P19000051768

(Requestor's Name)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: LUCAS LEGACY Corp
(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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Luc-Anthony Salomon
Name (Printed or typed)

1187 SW Ivanhoe St
Address

Port Saint Lucie, FL, 34983
City, State & Zip

(954) 756-3374
Daytime Telephone number

lucsalomon77@gmail.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: LUCAS LEGACY Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1187 SW Ivanhoe St
Port St. Lucie FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any And All lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Luc-Anthony Salomon (President) Name and Title: _____

Address 1187 SW Ivanhoe St Address: _____
Port St. Lucie FL 34983

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 JUL - 1 PM '03

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: Luc-Anthony Salomon

Address: 1187 SW IVANHOE ST
Port Saint Lucie FL 34983

ARTICLE VII INCORPORATOR

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

Name: Luc-Anthony Salomon

Address: 1187 SW IVANHOE ST
Port Saint Lucie FL 34983

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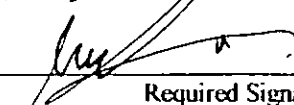
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 7/1/19 (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.)

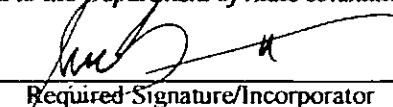
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/1/19
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

7/1/19
Date