

P190000082194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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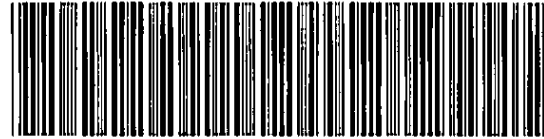
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2019 OCT 18 AM 10:16  
SECRETARY OF STATE  
TALLAHASSEE, FL

N CULLIGAN

NOV 15 2019

## COVER LETTER

ATX1

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

**SUBJECT:** LH CRAFT 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:** MAGDELINE GONZALEZ CPA

Name (Printed or typed)

8360 W FLAGLER STREET, STE 206

Address

MIAMI, FLORIDA 33144

City, State & Zip

305-302-3918

Daytime Telephone number

luis.the.carpenter@gmail.com

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

LH CRAFT INC.

**ARTICLES OF INCORPORATION**

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

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2019 OCT 18 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLE I NAME**

The name of the corporation shall be: L H CRAFT INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

7322 SW 127 PLACE

Mailing address, if different is:

MIAMI, FLORIDA 33183

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To transact any and all business permitted under the laws of

the United States of America and of the State of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 500 shares at \$1 par value

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

Name and Title: LUIS HURTADO JR. , PRESIDENT

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

Address: 7322 SW 127 PLACE

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

MIAMI, FLORIDA 33183

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

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

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

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

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

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

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

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

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: LUIS HURTADO JR.  
Address: 7322 SW 127 PLACE  
MIAMI, FLORIDA 33183

**ARTICLE VII INCORPORATOR**

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

Name: LUIS HURTADO JR  
Address: 7322 SW 127 PLACE  
MIAMI, FLORIDA 33183

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TALLAHASSEE, FL

**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*

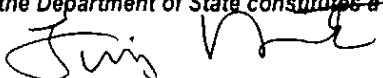


Required Signature/Registered Agent

10/7/2019

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

10/7/2019

Date