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(Re	equestor's Name)		
(Ad	idress)		
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PICK-UP	☐ WAIT	MAIL	
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(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
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COVER LETTER

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

SUBJECT:	Klutz Inve (PROPOSED CORPORAT	stments Ename-must include	Inc. DE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
S70.00 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 CO	PY REQUIRED	
FROM: _	. Kame	(Printed or typed)	<u>ro</u>	
	1220 SW P	iradise (ove	
Port St Licu FL 34986 City. State & Zip				
Daytime Telephone number Daytime Telephone number Daytime Telephone number				
	E-mail address: (to be use	d 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 sl	nall be: Klutz	Lovestor	ients, Inc.	
ARTICLE II <u>PRINCIPAL</u>			ng address, if different is:	
1220 SW PSG- F1	Paradise Cove		Pame	
ARTICLE III PURPOSE The purpose for which the co	rporation is organized is:	u estmen	18	
ARTICLE IV SHARES The number of shares of stoc	k is:/00	·		·
Name and Title:	FFICERS AND/OR DIRECTORS Flanna fusaro In G49 Rose Auc Venice CA 90		Dante fusaro Vice 1 11 Cooper St. Jamalen, NJ O	resid
_	Wir figure Presi	Clert Name and Title: Address: 34986	Kelli Misaro Secre 1220 SW Paradisa Port St Lucie fl	
_		Name and Title:_		

Name and Title:		Name and Title:
Address		Address:
ARTICLE VI REGISTERE	<u>ED AGENT</u> address (P.O. Box NOT acceptable) o	of the registered agent is:
شيك	11 tusaro	
Name: 126	10 SW Bracks	se Coru
Par	+ St. Incie +	Z 3498-6
<u>_1_V_1</u>		
ARTICLE VII INCORPOR	<u>ATOR</u>	φ
The <u>name and address</u> of the	Incorporators: Relli	Fusaro
Name:	elli tusairo	Fusaro
Address: 16	SW Parad	FL 34986
_12	rt 04. Lucu,	
ARTICLE VIII EFFECTI	<u>VE DATE;</u>	(OPT/0)/41)
mm 1 1 . "Fraker Alexand	ha dosa of filipo:	(OPTIONAL) not be more than five business days prior or 90 business
days after the filing.)		
Note: If the date inserted in the document's effective date	this block does not meet the applicable on the Department of State's records	ole statutory filing requirements, this date will not be listed as
Having been named as regi	stered agent to accept service of proce	ess for the above stated corporation at the place designated in
this certificate, I am familia	with and accept the appointment as r	registered agent and agree to act in this capacity
	Required Signature/Registered Agent	<u>6-2-20</u> Date
f k is all is do sum out and	affirm that the facts stated herein a	are true. I am aware that the false information submitted in a
document to the Departmen	t of State constitutes a third degree fel	iony as provided for in \$.617.133. 1.3.
_ Ke	eli hisari	6-2-20 Date
Required Signan	ate/incorborator	

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	Stments TENAME-MUST INCLU	DE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
S70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	Nam	e (Printed or typed)	<u>ro</u>
1220 Sw Paradise Cove			
Port St Licui FL 34986 City. State & Zip			
_	Daytime	(-769-52 Telephone number LUSCIO	STO CONTROLL

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)

TICLE II PRINCI	PAL OFFICE	3.4=2	ling address, if different i	21
F	rincipal street address	.Mai	mig admess, it different i	<u></u>
1020 Su) Paradise line		Same	
75Lt	1 3498C			
TICLE III PURPO.	SE e corporation is organized is:	nu estmen	25	
c purpose for which ar				جج
				98 J
				-
				 -
				 ებ
RTICLE IV SHARE ne number of shares of	stock is:		<u> </u>	Usa 1
ne number of shares of	LOFFICERS AND/OR DIRECTORS - Flange Fusaro	The Similar Title:_ Name and Title:_ Address:	Darte fus 11 Cuopea Camalin	aro Uia 1 St. 17 2 0
ne number of shares of s RTICLE V INITLA Name and Title Address	LOFFICERS AND/OR DIRECTORS LOFFICERS AND/OR DIRECTORS Lange Fusaro 1 C-49 Rose Auc Lenice (1) 90	Address:	11 Cuepen Camalin Kelli hisa	St. Decre
ne number of shares of s RTICLE V INITLA Name and Title Address	LOFFICERS AND/OR DIRECTORS LOFFICERS AND/OR DIRECTORS Lange Fusaro 1 C-49 Rose Auc Lenice (1) 90	Address:	11 Cuepen Camalin Kelli hisa	St. Decre
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Name and Title Name and Title Address	LOFFICERS AND/OR DIRECTORS LO	Address: 29/ 1000000000000000000000000000000000000	11 Cuepea Camalin Kelli hisa 1220 Sw Port St L	St- DJ O Fecre Paradisa Jacie PL
Name and Title Name and Title Address	LOFFICERS AND/OR DIRECTORS LOFFICERS AND/OR DIRECTORS Lange Fusaro 1 C-49 Rose Auc Lenice (1) 90	Name and Title: Name and Title: Name and Title:	11 Cuepen Camalin Kelli hisa 1220 Sw Port St L	St- Decre Paradisa Acre fl
Name and Title Name and Title Address	LOFFICERS AND/OR DIRECTORS LO	Name and Title: Name and Title: Name and Title:	11 Cuepea Camalin Kelli hisa 1220 Sw Port St L	St- Decre Paradisa Acre fl

	_	Name and Title:	
Name and Title:		Address:	
Address		Million	
ARTICLE VI REGI The name and Florida Name: Address:	STEREDAGENT I Street address (P.O. Box NOT acceptable Kell Fusaic 1220 Sw Paracli Ourt St. Live	of the registered agent is: S.E. Course FL 3498-6	
ARTICLE VII INC The name and addre Name: Address:	ess of the Incorporatory's:	disc Come	
5	EFFECTIVE DATE: ther than the date of filing: the is listed, the date must be specific and	_ (OPTIONAL)	on husiness
Effective date, if or	EFFECTIVE DATE: ther than the date of filing: te is listed, the date must be specific and	cannot be more than five business da	ivs prior or 30 dusiness
(If an effective day	te is listed, the date must be a		
days after the filit	ig.)	dicable statutory filing requirements, th	is date will not be have
Note: If the date i	ng.) Inserted in this block does not meet the applicative date on the Department of State's refective date on the Department of State's refective date.	ecords.	•
the document's en	ted as registered agent to accept service of am familiar with and accept the appointme	the above stated corporation	on at the place designated in
Haning been num	ted as registered agent to accept service of	process for the above nt as registered agent and agree to act i	n this capacity
this certificate, I a	im familiar with and accept the appointme		(c-2-20) Date
	Light Frager		Date
	Required Signature/Registered A	gent	se information submitted in a
	s - an control he	rein are true. I am and to the next tes	F.S.
I submit this doc document to the	cument and affirm that the facts stated he Department of State constitutes a third des	Stee Termin an h	(- 2 - 2 C) Date
Mark Contraction	Luca (1000)		Date
Requ	Department of State constitutes a third des	-	
