

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.

(((H20000198571 3)))



H200001985713ABC0

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

	Division of Co	prporations
	Fax Number	: (850)617-6381
From:		
	Account Name	: CLARA GIRALDO ENROLLED AGENT
	Account Number	- : I1999000 00 17
	Phone	: (305)485-9300
		: (305)485-1098
an	nual report mai	ess for this business entity to be used for future lings. Enter only one email address please.**
an	the email addrenual report mai	ess for this business entity to be used for lings. Enter only one email address please.*

FLORIDA PROFIT/NON PROFIT CORPORATION LUDIDAVID INC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

2020 JUN 26 PH 4:51

Electronic Filing Menu

Corporate Filing Menu

Help

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

ARTICLES OF INCORPORATION

OF

LUDIDAVID, INC

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporate, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this corporation shall be-

LUDIDAVID, INC

ARTICLE II

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetually existence.

ARTICLE III

The general nature of the business and objects and purposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

(1) Said corporation shall further have powers: To have perpetual succession by it's corporate

LUDIDAVID. INC

ARTICLE IV

The aggregate number of shares, which the corporation shall have authority to issue, is the total sum of 50 shares, having an individual par value of \$10.00

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

LUDIMAR DAVID 340 WEST FLAGLER STREET APT 1010 MIAMI, FL. 33130

The principal office shall be:

340 WEST FLAGLER STREET APT 1010 MIAMI, FL. 33130

ARTICLE VI

The initial Board of Directors shall consist of a total of UNE (01) person, and the name and address of the person who is to serve as initial director:

LUDIMAR DAVID 340 WEST FLAGLER STREET APT 1010 MIAMI, FL. 33130 PRESIDENT

The name and address of the incorporator executing these Articles of Incorporation is

LUDIMAR DAVID 340 WEST FLAGLER STREET APT 1010 MIAMI, FL. 33130

IN WITNESS WHERE OF, the undersigned incorporator has (ve) executed these Articles of Incorporation this JUNE 24, 2020.

LUDIMAR DAVID

CLARA GIRALDO E.A. 4080 SW 84 AVENUE SUITE C MIAMI, FL 33155 PH.: (305) 485-9300

CERTIFICATE OF DESIGNATION REGISTERED AGENT / REGISTERED OFFICE

Pursuant to the provision of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, Submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The Name of the corporation is:

LUDIDAVID. INC

2. The Name and Address of the registered agent and office is:

LUDIMAR DAVID
340 WEST FLAGLER STREET APT 1010
MIAMI, FL. 33130

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES. AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE N

Date: JUNE 24, 2020