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Florida Department of State
Division of Corporations
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To:
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.*

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FLORIDA PROFIT/NON PROFIT CORPORATION LS Home Decor & Design, INC

Certificate of Status	0
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DIVISION OF REVENUE
STATE OF FLORIDA

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: LS Home Decor & Design, INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>14520 Tarpon Drive</u>	<u></u>
<u>Coral Gables, FL 33158</u>	<u></u>
<u></u>	<u></u>

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To transact 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: <u>Lexzadith Sotolongo, President</u>	Name and Title: <u></u>
Address <u>14520 Tarpon Drive</u>	Address: <u></u>
<u>Coral Gables, FL 33158</u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
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Name and Title: <u></u>	Name and Title: <u></u>
Address <u></u>	Address: <u></u>
<u></u>	<u></u>
<u></u>	<u></u>

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: Lexzadith Sotolongo
Address: 14520 Tarpon Drive
Coral Gables, FL 33158

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lexzadith Sotolongo
Address: 14520 Tarpon Drive
Coral Gables, FL 33158

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

8/10/2020

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

8/10/2020

Date