Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : RASCO KLOCK PEREZ & NIETO, P.L.

Account Number : 104076000124 : (305)476-7100 Phone Fax Number : (305)476-7102

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	abazo@rascoklock.com	

FLORIDA PROFIT/NON PROFIT CORPORATIO

EET 142020

T. SCOT

Lujama Corporation

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Page Count	02
Estimated Charge	\$70.00

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

RTICLE II PRINCI	PAL OFFICE				
P	rincipal street address	М	lailing address, if d	ifferent is:	
	N BLVD SUITE 600	~~··········			
RAL GABLES FL 3	3134				
TIC <u>LE III PURPO</u> :	g e				
e purpose for which the	c corporation is organized is: ALL LA	WFUL PURPOSES			<u></u>
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number of shares of s	LOFFICERS AND/OR DIRECTORS BARREDA FRANCISCO DIRECT	,			
ne number of shares of s RTICLE V INITIA Name and Title:	LOFFICERS AND/OR DIRECTORS BARREDA, FRANCISCO- DIRECT	OR Name and Title:			
ne number of shares of s $RTICLE\ V = INITIA$	LOFFICERS AND/OR DIRECTORS BARREDA, FRANCISCO- DIRECTORS 2555 PONCE DE LEON BLVD	OR Name and Title:		· · · · · · · · · · · · · · · · · · ·	.
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e number of shares of s RTICLE V INITIA Name and Title:	LOFFICERS AND/OR DIRECTORS BARREDA, FRANCISCO- DIRECT 2555 PONCE DE LEON BLVD SUITE 600	OR Name and Title: Address:		· · · · · · · · · · · · · · · · · · ·	.
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Name and Title: Address Name and Title: Address	DOFFICERS AND/OR DIRECTORS BARREDA, FRANCISCO- DIRECT 2555 PONCE DE LEON BLVD SUITE 600 CORAL GABLES FL 33134	OR Name and Title: Address: Name and Title: Address: Name and Title:			
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Name and	Title:Name and Title:
Address	Address:
ARTICLE VI R	REGISTERED AGENT
The <u>name and Flo</u>	orida street address (P.O. Box NOT acceptable) of the registered agent is:
Name:	TRANSWORLD BUSINESS MANAGEMENT LLC
Address: .	2555 PONCE DE LOEN BLVD SUITE 600
• •	CORAL GABLES FL 33134
ARTICLE VII	INCORPORATOR
The <u>name and ad</u>	Idress of the Incorporator is:
Name:	ANDRES E. BAZO
Address:	2555 PONCE DE LEON BLVD SUITE 600
	CORAL GABLES FL 33134
C.Conting data if	EFFECTIVE DATE: Other than the date of filing: Late 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 the document's e	inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a fifective date on the Department of State's records.
Having been nan certificate, I am f	ned as registered agencio accept service of process for the above stated corporation at the place designated in the familiar with and accept the approximent as registered agent and agree to act in this capacity
	10/08/20
	Required Signature/Registered Agent Date
I submit this doc document to the	cument and affirm that the facts stated herein are true. I am aware that the false information submitted in Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	10/08/20
	are in proporator Date