

Division of Corporations

P210000053083

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.

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : JULIO MORAN MULTI-SERVICES, CORP.
Account Number : 120190000059
Phone : (305)643-3922
Fax Number : (305)643-3211

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
L. U. S. CONSTRUCTION SERV. INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

COVER LETTER

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

SUBJECT: L. U. S. CONSTRUCTION SERV, 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
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 COPY REQUIRED

FROM: LUIS G. CHAVEZ SANDOVAL

Name (Printed or typed)

1137 NW 46 STREET

Address

MIAMI, FL 33127

City, State & Zip

786-683-4278

Daytime Telephone number

Chavez1976@outlook.com

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

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

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2021 Jan -6 PM 7:25

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: L.U.S. CONSTRUCTION SERV. INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address1137 NW 46 STREET
MIAMI, FL 33127

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: REMODELATION HOME, BUILDING, APT**ARTICLE IV SHARES**The number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: LUIS G. CHAVEZ SANDOVAL / PRESID Name and Title: _____Address 1137 NW 46 STREET
MIAMI, FL 33127

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

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2021 Jan - 3
6:17:35

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 G. CHAVEZ SANDOVAL
Address: 1137 NW 46 STREET
MIAMI, FL 33127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIS G. CHAVEZ SANDOVAL
Address: 1137 NW 46 STREET
MIAMI, FL 33127

7021 Jan - 5 PM 7:25

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JAN 05, 2021. (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

01-05-2021
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

01-05-2021
Date

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