

2/3/2021

P21000007867

Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000047696 3)))



H210000476963ABC2

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

2021 FEB -3 PM 3:54

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

From:
Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305)444-4994
Fax Number : (305)444-4977

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

Email Address: _____

 SECRETARY OF STATE
TALLAHASSEE, FL

2021 FEB -3 AM 10:40

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
LUKEZ MARKETING CORPORATION**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

FILED

2021 FEB -3 AM 10:40

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (607.01)SECRETARY OF STATE
TALLAHASSEE, FLARTICLE I NAMEThe name of the corporation shall be: LUKEZ MARKETING CORPORATIONARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

1023 NW 134 PLMIAMI, FL 33182ARTICLE III PURPOSEThe purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESSARTICLE IV SHARESThe number of shares of stock is: 100ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: ONIX LUQUEZ DE CASTRO (P) Name and Title: _____Address 1023 NW 134 PL Address: _____MIAMI, FL 33182 _____Name and Title: JOSE CASTRO (VP) Name and Title: _____Address 1023 NW 134 PL Address: _____MIAMI, FL 33182 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ONIX LUQUEZ DE CASTRO

Address: 1023 NW 134 PL

MIAMI, FL 33182

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: ONIX LUQUEZ DE CASTRO

Address: 1023 NW 134 PL

MIAMI, FL 33182

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*

OLP

Onix Luquez Feb 3, 2021 15:57 EST

Required Signature/Registered Agent

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.

OLP

Onix Luquez Feb 3, 2021 15:57 EST

Required Signature/Incorporator

Date

2021 FEB -3 AM 10:40

SECRETARY OF STATE

TALLAHASSEE, FL

FILED