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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

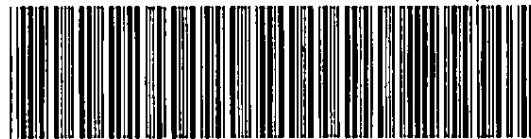
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W21000029064

Office Use Only



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02/15/21--01026--008 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 FEB 15 PM 2:19

FILED

AB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2021

KATHERINE MENA  
3838 WILLIOW WALK DRIVE  
PALMETTO, FL 34221 US

SUBJECT: LUNA ENTERPRISES FL INC.  
Ref. Number: W21000029064

We have received your document for LUNA ENTERPRISES FL INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P15000034308.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 821A00004477

RECEIVED  
CORPORATIONS  
COMMERCIAL  
SERVICES

2021 MAR 19 AM 11:48

RECEIVED

## COVER LETTER

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

SUBJECT: Luna Enterprises FL, Inc.  
**PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)**

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status

ADDITIONAL COPY REQUIRED

FROM: Katherine Mena  
Name (Printed or typed)

3838 Willow Walk Drive  
Address

Palmetto, Florida 34221  
City, State & Zip

(941) 465-0047  
Daytime Telephone number

kmenaluna1205@gmail.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

FILED

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

2021 FEB 15 PM 2:19

**ARTICLE I NAME**

The name of the corporation shall be: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FL

*Indian Hills Luna Enterprises, INC.*

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3838 Willow Walk Drive

SAME

Palmetto, FL 34221

*34 Lake Indian Hills Trl.  
Carbondale, IL 62902*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To conduct any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Katherine Mena, Pres. Name and Title: \_\_\_\_\_

Address 3838 Willow Walk Dr.

Address: \_\_\_\_\_

Palmetto, Florida 34221

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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: Katherine Mena

Address: 3838 Willow Walk Dr.  
Palmetto, Florida 34221

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Katherine Mena

Address: 3838 Willow Walk Dr.  
Palmetto, Florida 34221

\_\_\_\_\_

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: February 10, 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.)

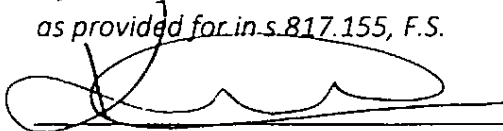
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

2-10-2021  
\_\_\_\_\_  
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

2/10/2021  
\_\_\_\_\_  
Date