

P21000073565

(Requestor's Name)

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MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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08/17/21--01002--005 \*\*87.50

RECEIVED  
2021 AUG 16 PM 3:43  
HALLAHASSEE, FLORIDA  
STATE

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

(OFFICE USE ONLY)

Corporation Name & Document Number, (if known):

1. LUCKY VALLEY SERVICES, Inc.  
(Business Name)

Document #

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait

☐ Photocopy

☒ Certified Copy of ARTICLES OF ORGANIZATION

☒ Certificate of Status

**NEW FILINGS**

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ CORP

**AMMENDMENTS**

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

☐ Conversion

**OTHER FILINGS**

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL () \_\_\_\_\_ Other  
Country

**REGISTRATION/QUALIFICATIONS**

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: Lucky Valley Services, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                            & Certificate of  
                            Status  
**ADDITIONAL COPY REQUIRED**

FROM: Devon Dawkins  
Name (Printed or typed)  
3257 Coral Ridge Drive  
Address  
Coral Springs, FL 33065  
City, State & Zip  
754-244-7693  
Daytime Telephone number  
devonnadex1959@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**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Lucky Valley Services, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
3257 Coral Ridge Dr  
Coral Springs, FL 33065

Mailing address, if different is:  
3257 Coral Ridge Dr  
Coral Springs, FL 33065

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for any and all lawful  
business purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

FILED  
JUN 16 PM 2:46  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

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

Name and Title: Devin Dawkins  
Address: 3257 Coral Ridge Dr  
Coral Springs, FL 33065  
President

Name and Title: Emile Dawkins  
Address: 3257 Coral Ridge Dr  
Coral Springs, FL 33065  
Vice President

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

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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: Devin Dawkins

Address: 3257 Coral Ridge Dr  
Coral Springs, FL 33065

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Devin Dawkins

Address: 3257 Coral Ridge Dr  
Coral Springs, FL 33065

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 8/16/21 (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*

Devin Dawkins  
Required Signature/Registered Agent

8/16/21  
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.*

Devin Dawkins  
Required Signature/Incorporator

8/16/21  
Date

2021 AUG 16 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FL