Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : S&S ACCOUNTING SERVICES, INC.

Account Number : I2019000091 Phone : (786)212-0491 Fax Number : (305)454-6657

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 LUNA REPAIR AND SERVICES INC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE II PRINCIPAL OFFICE Principal street address 829 W 79 PL			to um
		Mailing address,	if different is:
HIALEAH, FL 33014			7
ADTICLE III DUDB	OSE		
The purpose for which	the corporation is organized is: AN	Y AND ALL LAWFUL BUSINESS	
			25.15
ARTICLE IV SHAR The number of shares of	RES f stock is: 100		1:24
ARTICLE V INITI	AL OFFICERS AND/OR DIRECTO	<u>rs</u>	~
Name and Titl	e: GUSTAVO LUNA , P	Name and Title:	- <u></u>
Address		Address:	
	HIALEAH, FL 33014		
Name and Title	:	Name and Title:	
Address		Address:	
	•		· · · · · · · · · · · · · · · · · · ·
Name and Title		Name and Title:	-
Address		Address:	
		•	
			

Name an	d Title:	Name and Title:
Address		Address:
		·
		
	<u>REGISTERED AGENT</u> lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	GUSTAVO LUNA	
Address:	829 W 79 PL	
	HIALEAH, FL 33014	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and ac	idress of the Incorporator is:	
Name:	S&S ACCOUNTING SERVICES, INC.	
Address:	3383 NW 7 ST SUITE 304	
	MIAMI, FL 33125	
ARTICLE VIII Effective date, if	EFFECTIVE DATE: other than the date of filing:	(OPTIONAL)
(If an effective d	ate is listed, the date must be specific and cannot	be more than five days prior or 90 days after the
	inserted in this block does not meet the applicable ffective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been nam certificate, I am f	ned as registered agent to accept service of process fo amiliar with ond accept the appointment as registere	r the above stated corporation at the place designated in this rd agent and agree to act in this capacity
	(Jusa	08/25/21
	Required Signature/Registered Agent rument and affirm that the facts stated herein are to Department of State constitutes a wird degree felony	Date True. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
	AM	08/25/2021
Required Signatu	re/Incorporator	Date Date