

P21000100814

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. BURCH

DEC 2, 2021

C

## COVER LETTER

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

SUBJECT: LUVEN CO  
(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: Luvendra GOSINE  
Name (Printed or typed)

39900 CR 25  
Address

LADY LAKE Florida 32159  
City, State & Zip

352-321-0931  
Daytime Telephone number

USRGCO@icloud.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: Luven Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

39900 CR 25  
LADY LAKE, Florida 32159

PO Box 1221, LADY LAKE  
Florida 32158-1221

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Motor Vehicles and Equipment  
Sales and Services and Rentals. Recreation Vehicles, Mobile  
Homes, Boats Sales and Services and Rentals.  
Import and Export Services, Property Rentals and Services.  
General Construction and Transport Services etc.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares @ 1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUVENDRA Gosine  
PRESIDENT  
Address: 39900 CR 25  
LADY LAKE, Florida  
32159

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

Name and Title: Luvendra Gosine, CEO  
Address: 39900 CR 25  
LADY LAKE, Florida  
32159

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

Name and Title: LUVENDRA Gosine, Secretary  
Address: 39900 CR 25  
LADY LAKE, Florida  
32159

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

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TALLAHASSEE, FLORIDA

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: RAMESSAR Gosine

Address: 39900 CR 25  
LADY LAKE Florida 32159

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: RAMESSAR Gosine

Address: 39900 CR 25  
LADY LAKE Florida 32159

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: January 1st 2022 (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

11-18-2021

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

11-18-2021

Date