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.

(((H21000440497 3)))



H210004404973ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

	To:								
		Division of Cor	rporations	≥≥					
		Fax Number	: (850)617-6381	SVE					
	From:			S Z					
		Account Name Account Number	: LAZARUS CORPORATE FILING SERVICE, INC. : 1200000000019	E di	:				
		Phone	: (305)552-5973	13.	•				
(<u></u>		Fax Number	: (305)675-5944	翌台					
	1.27		•	ATE	(
2 PM	**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**								
1	Em:	ail Address:							
ارا				_					
(

FLORIDA PROFIT/NON PROFIT CORPORATION LUNA MIA JEWELS CORP.

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

	MiA	+	./ .	C			
LUNP			:	•			
	ARTICLE	II PRINC	<u>IPAL OF</u>	FICE:	1)9211 SEC	
•	The principal str	eet address a	nd mailing	g address is	;	SECRETARY COST	" (°
	75	eet address a Enst 6	0 Th	Stre	<u>+ </u>	\$ 7	1
	Hial	ea h	FLORI	DA	330	13 R	11
						9: 49	~
					(00	5 111 W	
ARTICLE III	SHARES: The	number of st	nares of sto	ock is:	100	·	•
APTICI	E IVINIT	TAL DIRECT	TORS AN	ID/OR OF	FICERS:		
	AGAN		:			RESIDE	it
	MJAIN	LPTV FT. I	<u>v</u> 74	<i>!!!.!> !⊆.(_)</i> .		<u></u>	
		<u> </u>		<u>·</u>		· ·	
		 					
							
		a restro en	ACIENTE	AND CTOE	ere anni	eree.	
ARTICLE V The name and Flo	INITIAL RE		;				
	MEAGAN					ugont w.	
	mengalo 	Eact	1 Th	<-table	reet		
·		EAST	1-1	- `^ ^	<u></u>	~	
	HIALA	A H	+LOW	ZIDA	33	<u>01</u> -5	
ADTICT E VI	INCORPOR	ATOR: The i	name and	address of t	he Incorpo	orator is:	
ARTICLE VI			:				
	THE HY		LIVEL	oh a	2-112FF	<u> </u>	
	<u> </u>	N L EAST		.00	220	12	
	[7]/HLE	<u> 44</u>	TLOK	<i>(VP</i>)	<u> </u>	<u></u>	

Required Signatures:

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

M Amaro 12/02/2021

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.

M Amaro 12/02/202

Incorporator Date

SECRLIAKY OF STATE