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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone : (305)675-5944 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

	Address:				
FM31 L	anaress:		 	 	 

## FLORIDA PROFIT/NON PROFIT CORPORATION LUIS VILLA ENTERPRISES, INC.

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

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

- ARTICLE I NAME: The name of the corporation is:	
Luis Villa Enterprises, Inc	
· ARTICLE II PRINCIPAL OFFICE:	-
The principal street address and mailing address is:	
6165 NW 114th Court	
	· <del></del>
DORAI, FL 33178	<del></del>
ARTICLE III SHARES: The number of shares of stock is: \ \ \ O \	·
The desired of similes of stock is.	
* ARTICLE IV INITIAL DIRECTORS AND/OR OFFICE	<u>RS:</u>
Luis C. Villa (P)	2022 HER -3 PH 3:
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	PH
	PH 3: 1
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ARTICLE V INITIAL REGISTERED AGENT AND STREET	DDRESS:
The name and Florida street address (PO Box not acceptable) of the regis	tered agent is:
Luis C. Villa	
6165 NW 114th court unit	11.1
Doral F1 33178	
<b>,</b> , , , , , , , , , , , , , , , , , ,	
ARTICLE VI INCORPORATOR: The name and address of the In	corporator is:
Luis C Villa	
(0165 NW 114th Court unit 1	1)
Doral F1 33178	•••

## 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 familian with and accept the appointment as registered agent and agree to act in this capacity

Luis (, Villa 3-2-22
Registered Agent Date

I submit this document and affirm that the facts stated herein are triee. 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.

Luis C. Villa 3-2-22
Incorporator Date

2022 HAR -3 PH 3: 11