

P2200004v336

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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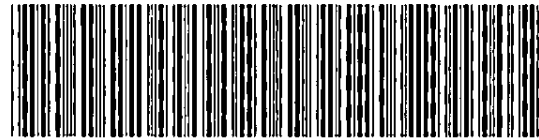
(Business Entity Name)

(Document Number)

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

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2022 JUN -9 PM 10:19  
TALLAHASSEE, FLORIDA

RECEIVED  
2022 JUN -9 PM 2:08  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **CARLOS LUCIANO MUSIC 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: **LUCIANO LAUREANO**

Name (Printed or typed)

**3626 YELLOW BIRD CT.**

Address

**SAINT CLOUD FL 34772**

City, State & Zip

**917-577-3791**

Daytime Telephone number

**CARLOSLUCIANO1@GMAIL.COM**

E-mail address: (to be used for future annual report notification)

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**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:

**CARLOS LUCIANO MUSIC INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

3626 YELLOW BIRD CT.

SAINT CLOUD FL 34772

Mailing address, if different is:

3626 YELLOW BIRD CT.

SAINT CLOUD FL 34772

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV SHARES**

The number of shares of stock is:

**100**

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

Name and Title:

**LUCIANO LAUREANO**

Name and Title:

Address

**3626 YELLOW BIRD CT.**

Address:

**SAINT CLOUD FL 34772**

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT  
JANUARY 10, 2022

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: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

**ARTICLE VII INCORPORATOR**

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

Name: LESBIA SEGURA  
Address: 3203 S ORANGE BLOSSOM TRAIL #206  
KISSIMMEE, FL 34746

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: JUNE 9, 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  
Date 06/09/2022

*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  
Date 06/09/2022