

Florida Department of State
Division of Corporations
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Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: AAWCPs@yahoo.com

FLORIDA PROFIT/NON PROFIT CORPORATION

THE LUCKY CAT CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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

SUBJECT: THE LUCKY CAT CORP
(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: DANGELY MARTIN
Name (Printed or typed)
25636 SW 125 PL
Address
HOMESTEAD, FL 33032
City, State & Zip
(786) 260-5235
Daytime Telephone number
THE_LUCKYCAT@YAHOO.COM
E-mail address: (to be used for future annual report notification)

2023 JUL 11 AM 2:32

NOTE: Please provide the original and one copy of the articles.

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

ARTICLE I NAME

The name of the corporation shall be: **THE LUCKY CAT CORP**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
25636 SW 125 PL
HOMESTEAD, FL 33032

Mailing address, if different is:
25636 SW 125 PL
HOMESTEAD, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **PROFESSIONAL CORPORATION**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **DANGELY MARTIN - PRES**

Address **25636 SW 125 PL**

HOMESTEAD, FL 33032

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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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: DANGELY MARTIN
Address: 25636 SW 125 PL
HOMESTEAD, FL 33032

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DANGELY MARTIN
Address: 25636 SW 125 PL
HOMESTEAD, FL 33032

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 07/11/2022 (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.

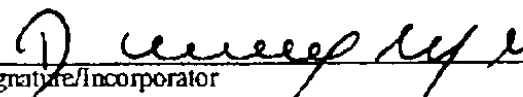
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in the certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

07/11/2022

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

07/11/2022

Date

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