

To:

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From: Yanet Avila

8/18/22, 1:26 PM

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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ALICIA
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FLORIDA PROFIT/NON PROFIT CORPORATION
LULI'S BOUTIQUE CORP

Certificate of Status	0
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AS

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

ARTICLE I NAMEThe name of the corporation shall be: LULI'S BOUTIQUE CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

14268 SW 92 STMIAMI, FL 33186**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: LIZIBET PAREDES (P)

Name and Title: _____

Address 14268 SW 92 ST

Address: _____

MIAMI, FL 33186

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____

Address: _____

2022 Nov 18 AM 1:37

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: LIZIBET PAREDES
 Address: 14268 SW 92 ST
MIAMI, FL 33186

ARTICLE VII INCORPORATOR

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

Name: LIZIBET PAREDES
 Address: 14268 SW 92 ST
MIAMI, FL 33186

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

/s/ Lizibet Paredes _____
 Required Signature/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.

/s/ Lizibet Paredes _____
 Required Signature/Incorporator Date

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