

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-5381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I2000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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Email Address:____

FLORIDA PROFIT/NON PROFIT CORPORATION LOOKFLOWERS TRAVEL AGENCY INC

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

2022 :

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

1/1/23 Effective Date **ARTICLE I NAME:** The name of the corporation is:

LOOKFLONERS TRAVEL AGENCY INC
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
1850 SW 8TH ST STE 307 33135
MIAMI, FL
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
LEIDYS DELMAS GARCIA (P)
បា
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS: The name and Florida street address (PO Box not acceptable) of the registered agent is: 1850 SW 8TH ST STE 307 33135
MIAMI, FL
Leidys Delmas Garcia
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is: LEIDYS DELMAS GARCIA
1850 S <u>W 8TH ST STE 307 MIAMI, FL 33135</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

Registered Agent 12/21/2022
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.817.455, F.S.

12/21/2022

Date