

P23000003438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

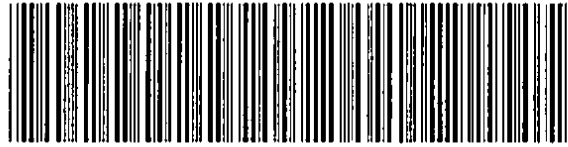
(Document Number)

es Copies _____

Certificates of Status _____

erial Instructions to Filing Officer:

Office Use Only



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S. CHATHAM
JAN 14 2023

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
23 JAN 18 PM 4:36



16 FEB 3:28

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM ACCT: 120210000160 AMOUNT: \$ 70.00

AUTHORIZATION:

LB INVESTMENT USA CORP

Business Name

Document Number, (if known):

☐ Walk in

☐ Pick up time

☐ Mail out

☐ Will wait ☐ Photocopy

☐ **Certified Copy of Articles of Incorporation**

☐ **Certificate of Status**

NEW FILINGS

☐ Profit

☐ Not for Profit

☐ Limited Liability

☐ Domestication

☐ Other

☒ **X** **CORP**

☐ **PLLC**

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Conversion

☐ Amended and restated Articles

☐ **Statement of Authority**

OTHER FILINGS

☐ Annual Report

☐ Fictitious Name

☐ APOSTIL() _____

Country

REGISTRATION/QUALIFICATIONS

☐ Foreign filing

☐ Limited Partnership

☐ Reinstatement

☐ Other

EXAMINER'S INITIALS: _____

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
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Country

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☐ Reinstatement

☐ Other

AMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: LB INVESTMENT USA 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee.
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: BLUEMAX PARTNERS CORP

Name (Printed or typed)

848 BRICKELL AVE STE 1130

Address

MIAMI, FL 33131

City, State & Zip

305 - 607-3493

Daytime Telephone number

mdelloca@mdellconsulting.com

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

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: LB INVESTMENT USA CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
848 Brickell Ave. Ste 1130
Miami, Fl 33131

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawfull business

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Essence EB Limited

Name and Title: _____

Address 848 Brickell Ave. Ste 1130

Address: _____

Miami, Fl 33131

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, FL 33131

ARTICLE VII INCORPORATOR

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

Name: Bluemax Partners Corp

Address: 848 Brickell Ave. Ste 1130

Miami, FL 33131

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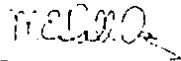
ARTICLE VIII EFFECTIVE DATE:

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

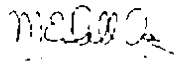


Required Signature/Registered Agent

01/18/2023

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.



Required Signature/Incorporator

01/18/2023

Date