

P23000017257

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I2016000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION LUXE HOTEL MAUI MANAGEMENT CO

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

TALLAHASSEE, FL

2023 MAR -6 AM 2:24

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COVER LETTER

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

SUBJECT: Luxe Hotel Maui Management Co
(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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Stephanie E Scheinman, EA
Name (Printed or typed)

3107 Peachtree Cir
Address

Davie, FL 33328
City, State & Zip

305-799-0064
Daytime Telephone number

Stephanie@DMSCPA.NET
E-mail address: (to be used for future annual report notification)

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 SECRETARY OF STATE
 TALLAHASSEE, FL
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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, P.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be: Luxe Hotel Maui Management Co

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

303 B Anastasia Blvd #2593
St. Augustine, FL 32080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real Estate Management

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ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Robert D. Smith, Dir.</u>	Name and Title: <u>Joshua Tremblay, Dir</u>
Address <u>303 B Anastasia Blvd</u>	Address: <u>107 Hooloaui St</u>
<u># 2593</u>	<u>Wailuku, HI 96793</u>
<u>St Augustine, FL 32080</u>	

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address _____	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: Stephanie E. Scheinman, EA
 Address: 3107 Peachtree Cir
Davie, FL 33328

ARTICLE VII INCORPORATOR

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

Name: Stephanie E. Scheinman, EA
 Address: 3107 Peachtree Cir
Davie, FL 33328

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 TALLAHASSEE, FL

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

Stephanie E. Scheinman _____ Date 2-10-23
 Required Signature/Registered Agent

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.

Stephanie E. Scheinman _____ Date 2-10-23
 Required Signature/Incorporator