

Florida Department of State
 Division of Corporations
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P23000023931

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Division of Corporations
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Email Address: info@documentplanetinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION
LUCIAS SERVICES INC

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

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:

Lucias Services INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3716 SW 40th Street
West Park FL 33023.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dlga Lucia Gutierrez Laiton (P)

Name and Title:

Address

3716 SW 40th St
West Park FL 33023.

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FL 32307

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: Olga Lucia Gutierrez
Address: 3716 SW 40th St
West Park, FL, 33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Olga Lucia Gutierrez
Address: 3716 SW 40th St
West Park, FL, 33023

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

*Olga Lucia Gutierrez (aiton)
Required Signature/Registered Agent

03-16-2023.
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.

*Olga Lucia Gutierrez (aiton)
Required Signature/Incorporator

03-16-2023.
Date

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TALLAHASSEE, FLORIDA