

**P2300058034**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

From: Veronica Gon.

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number  
(shown below) on the top and bottom of all pages of the document.

(((H23000273716 3)))



H2300027371634BC+

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page.  
Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : RASI  
Account Number : 120220000023  
Phone : (800)221-2972  
Fax Number : (917)243-5843

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

Email Address: \_\_\_\_\_

RECEIVED  
2023 AUG -7 PM 2:46  
CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION  
LULU'S KOSHER DELI INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

2023 AUG -7 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

**FILED**

Electronic Filing Menu

Corporate Filing Menu

Help

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: LULU'S KOSHER DELI INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

672 S. Long Beach Ave

Freeport, NY 11520

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shlomo Benlulu, Director Name and Title:

Address 920 North East 169th Street Apt 306 Address:

North Miami Beach, FL 33162

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

2023 AUG - 7 AM 9:01  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: Shlomo Benlulu  
 Address: 920 North East 169th Street Apt 306  
North Miami Beach, FL 33162

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is

Name: Shlomo Benlulu  
 Address: 920 East 169th Street Apt 306  
North Miami Beach, FL 33162

**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  
 07/31/2023  
 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  
 07/31/2023  
 Date

2023 AUG -7 AM 9:01  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED