

F24000026333

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

From: Account Name : HUBCO
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Email Address: bizloans@dovecoteaccounting.com

2024 APR 15 PM 1:51

FLORIDA PROFIT/NON PROFIT CORPORATION
Lucy2023 Corp.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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: Lucy2023 Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address
8396 Quail Meadow Way
West Palm Beach, Florida 33412

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any Legal & Lawful Purpose

ARTICLE IV SHARES

The number of shares of stock is: 1,500 at No Par Value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michael Madison - President/Director</u>	Name and Title:	_____
Address	<u>8396 Quail Meadow Way</u> <u>West Palm Beach, Florida 33412</u>	Address:	_____ _____

Name and Title:	<u>Jill Madison - Vice President/Director</u>	Name and Title:	_____
Address	<u>8396 Quail Meadow Way</u> <u>West Palm Beach, Florida 33412</u>	Address:	_____ _____

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

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FLORIDA

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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: Michael Madison
 Address: 8396 Quail Meadow Way
West Palm Beach, Florida 33412

ARTICLE VII INCORPORATOR

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

Name: Michael Madison
 Address: 8396 Quail Meadow Way
West Palm Beach, Florida 33412

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

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 **Michael Madison**

April 15th, 2024

 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 **Michael Madison**

April 15th, 2024

 Date