

# P24000026917

Florida Department of State  
Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
LILIET'S LOVELIES INC**

Certificate of Status	0
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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:

LILIET'S LOVELIES INC

ARTICLE II PRINCIPAL OFFICEPrincipal ~~street~~ address

Mailing address, if different is:

16533 SW 50TH TER

MIAMI FL 33185

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

'ANY AND ALL LAWFUL BUSINESS'

ARTICLE IV SHARES

The number of shares of stock is:

500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

PERNAS, LILIET /PRES

Name and Title:

Address

16533 SW 50TH TER

Address:

MIAMI FL 33185

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

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: PERNAS, LILIET  
Address: 16533 SW 50TH TER  
MIAMI FL 33185

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: PERNAS, LILIET  
Address: 16533 SW 50TH TER  
MIAMI FL 33185


**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 Agent04/16/2024

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/Incorporator04/16/2024

Date

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