## 72400033537

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	<b>⇒</b> #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/16/2024

NAME: LULU VAPOR ENTERPRISE II, INC.

TYPE OF FILING: ARTICLES

COST:

70.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

## **COVER LETTER**

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

SUBJECT: LU	LU VAPOR ENTERPRISE II, I	NC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	original and one (1) copy of the art	icles of incorporation and	la check for:
<b>⊠</b> \$70.00	□ \$78.75	□ \$78.75	□ \$87.50
Filing Fee	e Filing Fee	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
			Status
		ADDITIONAL CO	PY REQUIRED
FROM:	MATTHEW ATTAL		
FROM.	Name	e (Printed or typed)	
		, ,,	
	120 W Bloomingdale Ave		
-		Address	- ~
			024 178
	Brandon, FL 33511		

NOTE: Please provide the original and one copy of the articles.

City, State & Zip

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

813-606-0609

info@paymps.com

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II — PRI			
	NCIPAL OFFICE Principal street address	Mailin	ng address, if different is:
0 W Bloomingdal	le Ave,	120 W Bloomir	ngdale Ave,
		Brandon, FL 335	511
	•		
RTICLE III PUI	RPOSE All lourfu	Lactivities	
ne purpose for which	th the corporation is organized is: All lawfu	i activities	<del></del>
		<del></del>	
RTICLE IV SHA	ARES		
ne number of shares	of stock is: 100		
RTICLE  V  = INU	TIAL OFFICERS AND/OR DIRECTORS		
	TIAL OFFICERS AND/OR DIRECTORS		
	TIAL OFFICERS AND/OR DIRECTORS  itle: ATTAL, Matthew President	Name and Title:	
Name and T	ATTAL, Matthew President		
	ATTAL, Matthew President  120 W Bloomingdale Ave.		
Name and T	ATTAL, Matthew President		202
Name and T	ATTAL, Matthew President  120 W Bloomingdale Ave.		2024 H
Name and T	ATTAL, Matthew President  120 W Bloomingdale Ave.		2024 HAY
Name and T Address	120 W Bloomingdale Ave.  Brandon, FL 33511	Address:	2024 MAY 1
Name and T Address	ATTAL, Matthew President  120 W Bloomingdale Ave.	Address:	2024 MAY 16
Name and T Address Name and Ti	120 W Bloomingdale Ave.  Brandon, FL 33511	Address:  Name and Title:	2024 MAY 16 AI
Name and T Address	120 W Bloomingdale Ave.  Brandon, FL 33511	Address:  Name and Title:	2024 HAY 16 AH
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Name and T Address Name and Ti Address	120 W Bloomingdale Ave.  Brandon, FL 33511	Address:  Name and Title:  Address:	2024 MAY 16 AH 9: 47  ALLIANAS SEE, FL
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Name and Ti Address  Name and Ti Address	120 W Bloomingdale Ave.  Brandon, FL 33511  tle:	Address:  Name and Title:  Address:  Name and Title:  Address:	2024 HAY 16 AH 9: 47
Name and Ti Address  Name and Ti Address	attle: ATTAL, Matthew President  120 W Bloomingdale Ave.  Brandon, FL 33511  ttle:	Address:  Name and Title:  Address:  Name and Title:  Address:	2024 MAY 16 AM 9: 47 PALLAHASSEE, FL

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	ATTAL, Matthew	_	
Address:	120 W Bloomingdale Ave,	_	
	Brandon, FL 33511	_	
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name and ac</u>	ddress of the Incorporator is:		
Name:	ATTAL, Matthew	<del></del>	
Address:	120 W Bloomingdale Ave,	_	
	Brandon, FL 33511	_	
	EF TIVE DATE:	<b>2 1 1 1 1 1 1 1 1 1 1</b>	2024 HA
Effective date, if (If an effective diling.)	other than the date of filing:late is listed, the date must be specific and cann	ot be more than five days pri	or or '90 days after
Note: If the date	inserted in this block does not meet the applicabl ffective date on the Department of State's records	e statutory filing requirements.	€:: <del>"</del> \.
Having been nan certificate, I am J	ned as registered agent to accept service of process familiar with and accept the appointment as registe	for the above stated corporation ered agent and agree to act in th	at the place designa is capacity
	ATTAL, Matthew		05/12/2024
	Required Signature/Registered Agent		Date
	rument and affirm that the facts stated herein are Department of State constitutes a third degree felo.		
	MAKA		05/12/2024
Required Signatu	re/Irlcorporator	Date	2