

Florida Department of State

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To:

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

From:

Account Name : DOSSANTOS AND MACHADO, LLC
Account Number : I20140000089
Phone : (754)301-2128
Fax Number : (954)252-4650

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

Email Address: INFO@GFSTAXACCT.COM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24 JUN 26 PM 4:49

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FLORIDA PROFIT/NON PROFIT CORPORATION
LUXOR REAL ESTATE US CORP

Certificate of Status	1
Certified Copy	0
Page Count	01
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COVER LETTER

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

SUBJECT: LUXOR REAL ESTATE US CORP
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: GILVAM F DOS SANTOS
Name (Printed or typed)

11764 W SAMPLE RD STE 102
Address

CORAL SPRINGS, FL 33065
City, State & Zip

754 301 2128
Daytime Telephone number

INFO@GFSTAXACCT.COM
E-mail address: (to be used for future annual report notification)

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

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 LUXOR REAL ESTATE US CORP

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate investment

ARTICLE IV SHARES

The number of shares of stock is: 1,000 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GIVALDO EPIFANIO DA SILVA - PRESIDENT
Address: Av Cidade Jardim, 427 AP 112 - 11And - Itaim Bibi
SÃO PAULO/SP - Brasil - CEP 01453-901

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

((H24000220793 3)))

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: GFS TAX & ACCOUNTING SERVICES
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

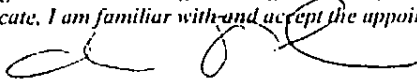
Name: GFS TAX & ACCOUNTING SERVICES
Address: 11764 W SAMPLE RD STE 102
CORAL SPRINGS, FL 33065

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 after the date of 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.

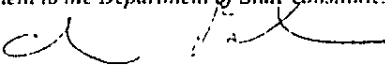


Required Signature/Registered Agent

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TALLAHASSEE, FLORIDA

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

Date

06/26/2021