

3/10/23, 3:22 PM

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P23000018780

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.

(((H23000092938 3)))



H230000929383ABC3

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 : EXPRESS CORPORATE FILING SERVICE INC.
 Account Number : I20000000146
 Phone : (305)444-4994
 Fax Number : (305)328-4774

2023 MAR 10 AM 1:29
 DEPARTMENT OF STATE
 TALLAHASSEE, FL
 FILED

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
 A.LUIGI CORP.**

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

2023 MAR 10 AM 1:29
 DEPARTMENT 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: A. LUIGI CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

701 NW 111th CT APT 6
MIAMI, FL 33172

Mailing address, if different is:

701 NW 111th CT APT 5
MIAMI, FL 33172

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: SHARES: 100 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LUIGI ALEX SANCHEZ ESCALANTE - P Name and Title: _____

Address: 701 NW 111th CT APT 6
MIAMI, FL 33172

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____

Address: _____

FILED
2023 MAR 10 AM 1:23
TALLAHASSEE, FL

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: LUIGI ALEX SANCHEZ ESCALANTE
 Address: 701 NW 111th CT APT 6
MIAMI, FL 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LUIGI ALEX SANCHEZ ESCALANTE
 Address: 701 NW 111th CT APT 6
MIAMI, FL 33172

FILED
 2023 MAR 10 AM 1:23
 DEPARTMENT OF STATE
 TALLAHASSEE, FL


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

 _____
LUIGI ALEX SANCHEZ ESCALANTE Required Signature/Registered Agent 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.817.153, F.S.

 _____
LUIGI ALEX SANCHEZ ESCALANTE Required Signature/Incorporator Date