

P25000008502

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H25000056527 3)))



H250000565273ABC%

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 : DMG FINANCIAL SERVICES INC
Account Number : I20230000151
Phone : (305)595-2407
Fax Number : (305)595-2408

****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
DE LUQUE MANAGEMENT INC**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$70.00 |

2025 FEB 13 PM 2:38

RECEIVED

2025 FEB 13 PM 5:37

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: DE LUQUE MANAGEMENT INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1200 BRICKELL BAY DRIVE APT#1607

MIAMI, FLORIDA 33131

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LEGAL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALBERTO MORALES DE LUQUE, PE

Name and Title: _____

Address: 1200 BRICKELL BAY DRIVE APT 160

Address: _____

MIAMI FLORIDA 33131

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

| | |
|-----------------------|-----------------------|
| 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: ALBERTO MORALES DE LUQUE
Address: 1200 BRICKELL BAY DRIVE #1607
MIAMI, FLORIDA 33131

ARTICLE VII INCORPORATOR

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

Name: ALBERTO MORALES DE LUQUE
Address: 1200 BRICKELL BAY DRIVE #1607
MIAMI FLORIDA 33131

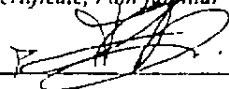
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/17/2025 (OPTIONAL)

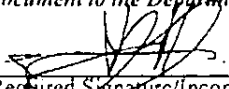
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 Agent | <u>02/13/2025</u> _____ 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 | <u>02/13/2025</u> _____ Date |
|---|------------------------------------|

2025 FEB 13 PM 5:33