

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From:  
Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**A.A. CRUZ REPAIRS INC**

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

2021 OCT 14 PM 4:38

2021 OCT 14 AM 9:07

OCT 15 2021

C. SCOTT

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

A. A. CRUZ REPAIRS INC

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2535 NE 202 STREET  
MIAMI FL 33180

**ARTICLE III SHARES:** The number of shares of stock is: 500

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

ANGEL CRUZ (PRESIDENT)

2535 NE 202 STREET  
MIAMI FL 33180

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

ANGEL CRUZ  
2535 NE 202 STREET  
MIAMI FL 33180

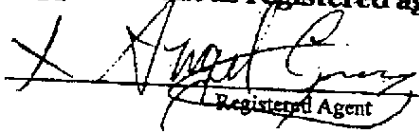
**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

ANGEL CRUZ  
2535 NE 202 STREET  
MIAMI FL 33180

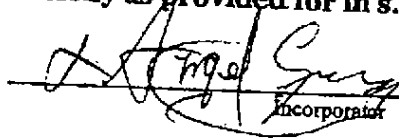
2021 OCT 14 AM 9:07

**Required Signatures:**

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

  
Registered Agent \_\_\_\_\_ Date 10-14-21

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.

  
Incorporator \_\_\_\_\_ Date 10-14-21