

F230000004196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100411220511

07/06/23--01026--018 **70.00

2023 JUL -6 PM 11:11
CLERK OF STATE
TALLAHASSEE, FL

2023 JUL -6 PM 11:11

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINCA COLIBRI CORP

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

OMAR PEREZ SANCHEZ

Name of Person

Firm/Company

6445 SW 102ND ST

Address

MIAMI, FL 33156

City/State and Zip Code

omar555perez@gmail.com

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

For further information concerning this matter, please call:

OMAR PEREZ SANCHEZ

Name of Person

at (305) 916-9989

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$70.00 Filing Fee

☐ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

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

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: GABRIEL CRUZ
☐ Vice Chairman Address: 1226 E JACKRABBIT TRL
☐ Director DOUGLAS, AZ 85607
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: OMAR PEREZ SANCHEZ
☐ Vice Chairman Address: 6445 SW 102ND ST
☒ Director MIAMI, FL 33156
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

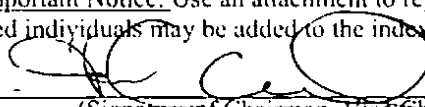
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GABRIEL CRUZ, CEO
(Typed or printed name and capacity of person signing application)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FINCA COLIBRI CORP

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

OMAR PEREZ SANCHEZ

Name of Person

Firm/Company

6445 SW 102ND ST

Address

MIAMI, FL 33156

City/State and Zip Code

omar555perez@gmail.com

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

For further information concerning this matter, please call:

OMAR PEREZ SANCHEZ

Name of Person

at (305) 916-9989

Area Code Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

<input checked="" type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certificate of Status & Certified Copy
--	--	---	---

12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: GABRIEL CRUZ
☐ Vice Chairman Address: 1226 E JACKRABBIT TRL
☐ Director DOUGLAS, AZ 85607
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: CEO ☐ Other: _____

☐ Chairman Name: OMAR PEREZ SANCHEZ
☐ Vice Chairman Address: 6445 SW 102ND ST
☒ Director MIAMI, FL 33156
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

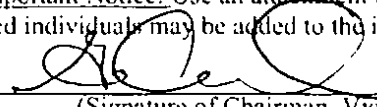
☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: _____
☐ Vice Chairman Address: _____
☐ Director _____
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. GABRIEL CRUZ, CEO
(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

Finca Colibri

ACC file number: 23187057

was incorporated under the laws of the State of Arizona on 02/22/2021;

That all annual reports owed to date by said corporation have been filed or delivered for filing, and all annual filing fees owed to date have been paid; and

That, according to the records of the Arizona Corporation Commission, said corporation is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: 06/14/2023



A handwritten signature in black ink, reading "Douglas R. Clark".

Douglas R. Clark, Executive Director

ENTITY INFORMATION

Search Date and Time: 5/15/2023 7:14:42 AM

Entity Details**Entity Name:**

FINCA COLIBRI

Entity ID:

23187057

Entity Type:

Domestic Nonprofit Corporation

Entity Status:**Active****Formation Date:**

2/22/2021

Reason for Status:

In Good Standing

Approval Date:

4/23/2021

Status Date:

4/30/2022

Original Incorporation Date:

2/22/2021

Life Period:

Perpetual

Business Type:

Agriculture, Forestry, Fishing and Hunting

Last Annual Report Filed:

2022

Domicile State:

Arizona

Annual Report Due Date:

2/22/2023

Years Due:Privacy Policy (<http://azcc.gov/privacy-policy>) | Contact Us (<http://azcc.gov/corporations/corporation-contacts>)

County: Cochise

Last Updated: 4/30/2022

Entity Principal Office Address

Attention:

Address:

County:

Last Updated:

Back

Return to Search

Return to Results

Print

Document History

Name/Restructuring History

Pending Documents

Microfilm History

ARTICLES OF INCORPORATION

NON-PROFIT CORPORATION

ENTITY INFORMATION

ENTITY NAME: FINCA COLIBRI
ENTITY ID: 23187057
ENTITY TYPE: Domestic Nonprofit Corporation
EFFECTIVE DATE: 02/22/2021
CHARACTER OF BUSINESS: Agriculture, Forestry, Fishing and Hunting
CORPORATION WILL HAVE MEMBERS: YES
CORPORATION WILL NOT HAVE MEMBERS: NO

STATUTORY AGENT INFORMATION

STATUTORY AGENT NAME: Cruz Farm LLC
PHYSICAL ADDRESS: Attn: Gabriel Cruz, 1226 E Jackrabbit Trl, DOUGLAS, AZ 85607
MAILING ADDRESS:

KNOWN PLACE OF BUSINESS

Att: Gabriel Cruz , 1226 E Jackrabbit Trl , DOUGLAS, AZ 85607

PRINCIPAL INFORMATION

CEO (Chief Executive Officer): Gabriel Cruz - 1226 E Jackrabbit Trl, DOUGLAS, AZ, 85607, USA - gabriel@cruz.farm - Date of Taking Office: 11/02/2020
Director: Melissa Cruz - 1226 E Jackrabbit Trl, DOUGLAS, AZ, 85607, USA - - Date of Taking Office:
Incorporator: Cruz Farm LLC - Gabriel Cruz, 1226 E Jackrabbit Trl, DOUGLAS, AZ, 85607, USA - gabriel@cruz.farm - Date of Taking Office:
Incorporator: Finca Colibri - Gabriel Cruz, 1226 E Jackrabbit Trl, DOUGLAS, AZ, 85607, USA - gabriel@cruz.farm - Date of Taking Office:

CERTIFICATE OF DISCLOSURE

FELONY JUDGEMENT QUESTIONS:

Has any person (a) who is currently an officer, director, trustee, or incorporator, or (b) who controls or holds over ten per cent of the issued and outstanding common shares or ten percent of any other proprietary, beneficial or membership interest in the corporation been:

Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate? NO

Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven-year period immediately preceding the signing of this certificate? NO

Subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven-year period immediately preceding the signing of this certificate. NO