

PD1000009800

Requester's Name



Phone #

500003517535--0  
-01/02/01--01004--002  
\*\*\*\*\*79.00 \*\*\*\*\*78.75

Office Use Only

FILED  
01 JAN 25 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

W01-297

Examiner's Initials

1-5-01



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 5, 2001

SAM AVNERY  
16352 NE 12TH AVE.  
MIAMI BEACH, FL 33162

SUBJECT: CRISTAL II INC.  
Ref. Number: W01000000297

We have received your document for CRISTAL II INC. and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

You must list at least one incorporator with a complete business street address.

The name and title of the person signing the document must be noted beneath or opposite the signature.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Joey Bryan  
Document Specialist

Letter Number: 701A00000597

ARTICLES OF INCORPORATION

OF

CRISTAL II INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CRISTAL II INC

The principal place of business of this corporation shall be: 16352 N.E 12th  
N.H.B  
FC 33162

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any of all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

EXPORT - IMPORT

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

100 X \$1.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

ANTONIO

VINCENZO

VINCENZO

16352 N.E

12 AV

N.H.B

FC

33162

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ANTONIO VINCENZO

CRISTAL II INC

16352 N.E. 12 AV

di

N.M.B

FL

33162

The undersigned has (have) executed these Articles of Incorporation this \_\_\_\_\_ day of \_\_\_\_\_

12/28/00

Signature/Title PRESIDENT

ANTONIO VINCENZO

Signature Title

Signature Title

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

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TALLAHASSEE, FLORIDA

1. The name of the corporation is: CRYSTAL TI INC

2. The name and address of the registered agent and office is:

SAM. AUNERY  
(NAME)

(P.O. BOX NOT ACCEPTABLE)

1632 N.E. 12 AV  
(CITY/STATE/ZIP) NH R  
FL 33162

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

  
SIGNATURE

DATE

12 / 28 00