

P04000039584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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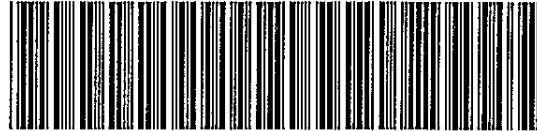
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: C L REALTY & SERVICES, INC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: CARLOS A. LOPEZ CADENA
Name (Printed or typed)

11865 SW 12TH STREET
Address

PEMBROOKE PINES, FL 33025
City, State & Zip

305-335-0452
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

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:

C L REALTY & SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11865 SW 12TH STREET
PEMBROOKE PINES, FL 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARLOS A. LOPEZ CADENA (PRESIDENT) 11865 SW 12TH STREET PEMBROOKE PINES, FL 33025
CLAUDIA J. LOPEZ CUBIDES (VP) 11865 SW 12TH STREET PEMBROOKE PINES, FL 33025

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ANIA MORALES & ASSOCIATES
15354 SW 41 TERRACE
MIAMI, FLORIDA 33185

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CARLOS A. LOPEZ CADENA
11865 SW 12TH STREET
PEMBROOKE PINES, FL 33025

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

Signature/Registered Agent

02/19/2004

Date

Signature/Incorporator

02/19/2004

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA