

PD6000017870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.S. 2-1

COVER LETTER

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

SUBJECT: Llopiz woodcrafters,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: cesar llopiz

Name (Printed or typed)

1400 sw 27 ave #603

Address

miami fl 33145

City, State & Zip

(305)781-5978

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2006

CESAR LLOPIZ
1400 SW 27 AVE., STE. 603
MIAMI, FL 33145

SUBJECT: LLOPIZ WOODCRAFTERS, INC
Ref. Number: W06000003780

We have received your document for LLOPIZ WOODCRAFTERS, INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 506A00005457

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:

LLOPIZ WOODCRAFTERS, INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1400 sw 27 ave #603
miami fl 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all 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):

Cesar Llopiz (president)
1400 sw 27 ave #603 miami fl 33145

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

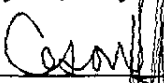
Cesar Llopiz
1400 sw 27 ave #603
miami fl 33145

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Cesar Llopiz
1400 sw 27 ave #603
miami fl 33145

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



Signature/Incorporator

CEGAR LLOPIZ

FILED
06 FEB -7 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01/30/2006

Date

01/30/2006

Date