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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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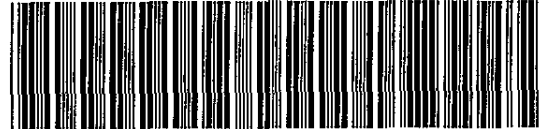
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/05/06--01019--002 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Cruz-Garcia and Associates, 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 *ck # 5734*
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Isabel Cruz, President
Name (Printed or typed)

5201 Atlantic Blvd # 206
Address

Jacksonville, Florida 32207
City, State & Zip

904-449-9568
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:
Cruz-Garcia and Associates, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
5201 Atlantic Boulevard, # 206
Jacksonville, Florida 32207-2235

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Architectural drafting services

ARTICLE IV SHARES

The number of shares of stock is:
100 % of 100 shares.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Isabel G. Cruz, President
1406 Oak Haven Road
Jacksonville, FI 32207-2235

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Isabel G. Cruz, President
1406 Oak Haven Road
Jacksonville, FI 32207

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Isabel G. Cruz for Cruz-Garcia and Associates, Inc.
1406 Oak Haven Road
Jacksonville, FI 32207

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

04/04/2006

Date



Signature/Incorporator

04/04/2006

Date

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TALLAHASSEE, FLORIDA