

P/3000009585

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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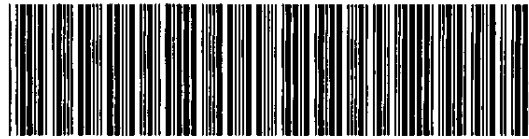
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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13 JAN 28 PM 12:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 01/30/13

COVER LETTER

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

SUBJECT: RCV Cruz Landscaping Corp
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Raul Cruz Vega
Name (Printed or typed)

6231 SW 21 ST
Address

Miami FL 33155
City, State & Zip

786-470-5851
Daytime Telephone number

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

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: RCV Cruz Landscaping Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6231 SW 21 St

Miami FL 33155

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Landscaping Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Raul Cruz Vega President

Name and Title: _____

Address Sec and Treasurer

Address: _____

6231 SW 21 ST

Miami FL 33155

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: William Fernandez Insurance Agency, Inc
Address: 6285 Bird Road
Miami FL 33155

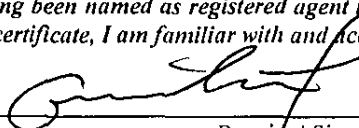
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Raul Cruz Vega
Address: 6231 SW 21 St
Miami FL 33155

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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

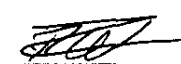


Required Signature/Registered Agent

1/17/2013

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

1/17/2013

Date

Raul Cruz Vega