

P14000029040

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900258386589

03/31/14--01028--005 **78.75

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR 31 PM 12:48

[Handwritten signature]
4/1/14

COVER LETTER

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

SUBJECT: **BISCAYNE GLASS & WINDOWS, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **MARITZA A CINTRON**
Name (Printed or typed)

12330 NW 7TH AVENUE
Address

NORTH MIAMI, FL 33161
City, State & Zip

305-364-5687
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: BISCAYNE GLASS & WINDOWS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

12330 NW 7TH AVENUE

NORTH MIAMI, FL 33161

Mailing address, if different is:

12330 NW 7TH AVENUE

NORTH MIAMI, FL 33161

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

Name and Title: MARITZA A CINTRON, PRESIDENT

Address: 12330 NW 7TH AVENUE
NORTH MIAMI, FL 33161

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
14 MAR 31 PM 12:48

(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: MARITZA A CINTRON
Address: 12330 MW 7TH AVENUE
NORTH MIAMI, FL 33161

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARTZA A CINTRON
Address: 12330 NW 7TH AVENUE
NORTH MIAMI, FL 33161

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

Maritza Cintron 3-28-14
Required Signature/Registered Agent 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.

Maritza Cintron 3-28-14
Required Signature/Incorporator Date