P14000059525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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DIVISION OF CORPORATIONS
14 JUL 11 PM 2:02

7/14 am

COVER LETTER

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

SUBJECT: ANY KIND OF BUSSINESS IN THE STATE OF FLORIDA
(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: CUBA MAR MULTISERVICES CORP
Name (Printed or typed)

1665 SW 67 AVENUE
Address

WEST MIAMI, FL 33155
City, State & Zip

786 286 2526
Daytime Telephone number

ADAROSA67@YAHOO.COM.MX
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: CUBA MAR MULTISERVICES CORP

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

1665 SW 67 AVENUE
MIAMI, FL 33155

Mailing address, if different is:

SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY KIND OF BUSSINES IN THE STATE OF FLORIDA

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ARTICLE IV SHARES
The number of shares of stock is: 100 % NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADA ROJAS MUÑIZ
Address: 1665 SW 67 AVENUE
WEST MIAMI, FL 33155

Name and Title: PRESIDENT
Address: 1665 SW 67 AVENUE
WEST MIAMI, FL 33155

Name and Title: MIGUEL VERGER
Address: 1665 SW 67 AVENUE
WEST MIAMI, FL 33155

Name and Title: VICEPRESIDENT
Address: 1665 SW 67 AVENUE
WEST MIAMI, FL 33155

Name and Title:
Address:

Name and Title:
Address:

(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: ADA ROJAS MUÑIZ

Address: 1665 SW 67 Ave

WEST MIAMI, FL 33155

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ADA ROJAS MUÑIZ

Address: 1665 SW 67 Ave

WEST MIAMI, FL 33155

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

_____ 7/8/2014

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.

_____ 7/8/2014

Required Signature/Incorporator Date