

P140000061400

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

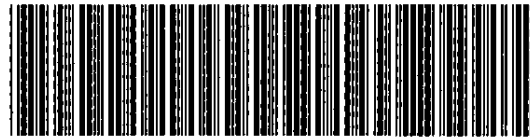
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 JUL 18 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## COVER LETTER

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

SUBJECT: DE LA CRUZ REMODELING CONSTRUCTION, 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

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

**ADDITIONAL COPY REQUIRED**

FROM: VICTOR DE LA CRUZ

Name (Printed or typed)

2109 IDLEWILD AVE

Address

TAMPA, FL, 33603

City, State & Zip

813-403-4669

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: DE LA CRUZ REMODELING CONSTRUCTION, INC

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2109 IDLEWILD AVENUE  
TAMPA, FL, 33603

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO BE ENGAGED IN THE REMODELING BUSINESS  
ALSO TO BUILD HOUSES OR BUILDINGS

**ARTICLE IV SHARES**  
The number of shares of stock is: 1000 @ \$\$ 1.00 PAR VALUE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: VICTOR DE LA CRUZ  
Address: 2109 IDLEWILD AVENUE  
TAMPA, FL, 33603

Name and Title: ANTONIO DE LA CRUZ  
Address: 2109 IDLEWILD AVENUE  
TAMPA, FL, 33603

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
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: ANTONIO DE LA CRUZ  
Address: 2109 IDLEWILD AVENUE  
TAMPA, FL, 33603

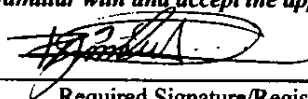
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: VICTOR DE LA CRUZ  
Address: 2109 IDLEWILD AVENUE  
TAMPA, FL, 33603

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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

07/15/2014

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

07/15/2014

Date