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| (Requestor's Name) | | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | siness Entity Nan | ne) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

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

SUBJECT: CASTRO IMPROVEMENTS, INC (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| losed are an orig | inal and one (1) copy of the ar | ticles of incorporation and | i a check for: |
|--------------------|---------------------------------|-----------------------------|--|
| \$70.00 Filing Fee | \$78.75 Filing Fee | □ \$78.75 Filing Fee | □ \$87.50 Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of Status |
| | | ADDITIONAL CO | PV RECHIRED |

| FROM: | RAUL CASTRO YZQUIERDO |
|-------|--|
| | Name (Printed or typed) |
| | 16106 MANORWOOD CIRCLE |
| • | Address |
| | TAMPA, FL, 33624 |
| | City, State & Zip |
| | 813-235-2666 |
| | Daytime Telephone number |
| | DIAZDAISY92@YAHOO.COM |
| | 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)

| Principal street address | | Mailing address, if di | | if different | ifferent is | |
|--|--|---|--|--------------|-------------|---------|
| 106 MANO | RWOOD CIRCLE | | | 201 | 9 | , |
| MPA, FL, 3 | 33624 | | | Ξ,, | 3 HG | 1 |
| TICLE III PUR | POSE the corporation is organized is: | | | ND5 | 72 | |
| MODELIN | G OF EXISTING HOMES | | | | | |
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| | | | | | | |
| TCLE IV SHA | NRES 1000 @ \$ 1.00 par va | lue | | | | |
| ICLE V INI | IRES 1000 @ \$ 1.00 par va | | | | | |
| | TIAL OFFICERS AND/OR DIRECTOR RAUL CASTRO YZQUIERDO, PRESIDENT | | | | | |
| ICLE V INI | RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE | 5 | | | | |
| YCLE V INT | TIAL OFFICERS AND/OR DIRECTOR RAUL CASTRO YZQUIERDO, PRESIDENT | S Name and Title:_ | | | | |
| YCLE V INT | RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE | S Name and Title:_ | | | | |
| Name and Title Address | TAL OFFICERS AND/OR DIRECTORS RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE TAMPA, FL, 33624 | Name and Title:_ Address: | | | | |
| Name and Title Address | RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE TAMPA, FL, 33624 | Name and Title:_ Address: Name and Title:_ | | | | |
| Name and Title Address Name and Title | TAL OFFICERS AND/OR DIRECTORS RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE TAMPA, FL, 33624 | Name and Title:_ Address: Name and Title:_ | | | | |
| Name and Title Address Name and Title | TAL OFFICERS AND/OR DIRECTORS RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE TAMPA, FL, 33624 | Name and Title:_ Address: Name and Title:_ | | | | |
| Name and Title Address Name and Title Address | TAL OFFICERS AND/OR DIRECTORS RAUL CASTRO YZQUIERDO, PRESIDENT 16106 MANORWOOD CIRCLE TAMPA, FL, 33624 | Name and Title:_ Address: Name and Title:_ Address: | | | | |

| Name a | nd Title: | Name and Title: | ····· |
|---------------------------------------|--|---|---|
| Addres | SS | Address: | |
| ARTICLE VI The name and I | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of DAISY DIAZ | the registered agent is: | 75 PR |
| Address: | 16106 MANORWOOD CIRCLE | | 20 - 20 - 20 - 20 - 20 - 20 - 20 - 20 - |
| | TAMPA, FL, 33624 | | PR T |
| ARTICLE VII | INCORPORATOR | | FR -6 PM12: 12 |
| The name and a | address of the Incorporator is: | | |
| Name: | RAUL CASTRO ZQUIERDO | | |
| Address: | 16106 MANORWOOD CIRCLE | | |
| | TAMPA, FL, 33624 | | |
| Having been na this certificate, i | med as registered agent to accept service of process am familiar with and accept the appointment as regional familiar with an accept the appointment as regional familiar with an accept the appointment as regional familiar with a service of process. | for the above stated corpora istered agent and agree to ac | tion at the place designated in t in this capacity 4/2/15 |
| | Required Signature/Registered Agent | | Date |
| I submit this do document to the | cument and affirm that the facts stated herein are to Department of State constitutes a third degree felony | rue. I am aware that the fal as provided for in s.817.155 | ise information submitted in a , F.S. |
| | Required Signature/Incorporator | | 4/2/15 |
| | Required Signature intemporator | | Date |