

P 15000069496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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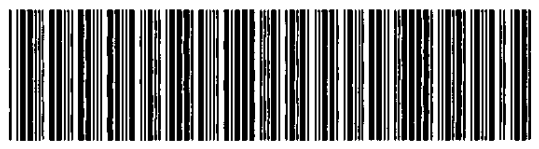
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

g 8/21/15

COVER LETTER

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

SUBJECT: Cruzmaven 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
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: Hollace Goldsmith

Name (Printed or typed)

903 SW 176th Terrace

Address

Pembroke Pines, FL 33029

City, State & Zip

9544420032

Daytime Telephone number

cruzmaven@gmail.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

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ARTICLE I NAME
The name of the corporation shall be: Cruzraven Inc,

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

903 SW 176th Terrace

Pembroke Pines, FL 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide travel agent services and any other lawful activities.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hollace Goldsmith, President

Name and Title: _____

Address 903 SW 176th Terrace

Address: _____

Pembroke Pines, FL 33029

Name and Title: Michael Goldsmith, Sec./Treas.

Name and Title: _____

Address 903 SW 176th Terrace

Address: _____

Pembroke Pines, FL 33029

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Michael Goldsmith
Address: 903 SW 176th Terrace
Pembroke Pines, FL 33029

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ARTICLE VII INCORPORATOR

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

Name: Hollace Goldsmith
Address: 903 SW 176th Terrace
Pembroke Pines, FL 33029

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Michael Goldsmith
Required Signature/Registered Agent

8/11/15
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.

Hollace Goldsmith
Required Signature/Incorporator

8/11/15
Date