

P16000018335

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

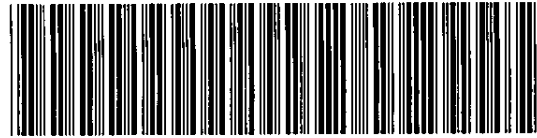
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/19/16--01015--010 **78.75

SECTION OF STATE
TALLAHASSEE, FLORIDA

16 FEB 19 PM 2:10

APPROVED
AND
FILED

1/18

COVER LETTER

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

SUBJECT: HAMILL CRUZ P.A.
(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: HAMILL CRUZ
Name (Printed or typed)

552 N.E. 68th Street, #2
Address

MIAMI, FL 33138
City, State & Zip

786-387-0076
Daytime Telephone number

HAMILLCRUZRE@outlook.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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AND
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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 FEB 19 PM 2:10

ARTICLE I NAME

The name of the corporation shall be: HAMILL CRUZ P.A.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

552 NE. 68th ST., #2

MIAMI, FL 33138

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is:

552 NE 68th ST., #2

MIAMI, FL 33138

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE SALES

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAMILL CRUZ, C.E.O. Name and Title: INGRID HERNANDEZ, E.V.P.

Address 552 NE. 68th ST., #2 Address: 7132 NW 1st TER.
MIAMI, FL 33138 MIAMI, FL 33126

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED

Name and Title: _____	Name and Title: <u>16 FEB 19 PM 2:10</u>
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE, FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Hamil CRUZ
Address: 552 NE. 68th St, #2
MIAMI, FL 33138

ARTICLE VII INCORPORATOR

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

Name: Hamil CRUZ
Address: 552 N.E. 68th St, #2
MIAMI, FL 33138

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



Required Signature/Registered Agent

2/15/2016
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

2/15/2016
Date