

P16000027889

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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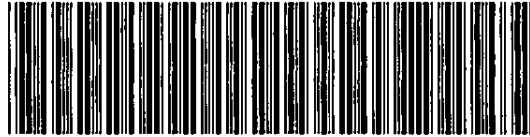
(Business Entity Name)

(Document Number)

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03/24/16--01008--005 \*\*78.75

FILED  
16 MAR 24 AM 11:03  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

**SUBJECT:** CUSO Engineering 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:** Julio A. Mena

\_\_\_\_\_  
Name (Printed or typed)

4921 NW 179 St.

\_\_\_\_\_  
Address

Miami Gardens, Florida 33055

\_\_\_\_\_  
City, State & Zip

(786) 202-8522

\_\_\_\_\_  
Daytime Telephone number

jmena01@bellsouth.net

\_\_\_\_\_  
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)

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be: CUSO Engineering Inc.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

4921 NW 179 St.

Miami Gardens, Florida 33055

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Installation of underground utilities, to include water, sewer, force mains, pump station, paving and drainage, conduits

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Julio A. Mena President

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

Address 4921 NW 179 St

Address: \_\_\_\_\_

Miami Gardens, Florida 33055

Name and Title: Elizabeth Mena Vice-President

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

Address 4921 NW 179 St.

Address: \_\_\_\_\_

Miami Gardens, Florida 33055

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

FILED

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

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

16 MAR 24 AM 11:03

Address \_\_\_\_\_

Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: Julio A. Mena

Address: 4921 NW 179 St.

Miami Gardens, Florida 33055

**ARTICLE VII INCORPORATOR**

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

Name: Julio A. Mena

Address: 4921 NW 179 St.

Miami Gardens, Florida 33055

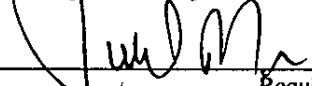
**ARTICLE VIII EFFECTIVE DATE:**

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

3/21/2016

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

3/21/2016

Date