

P16000064765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

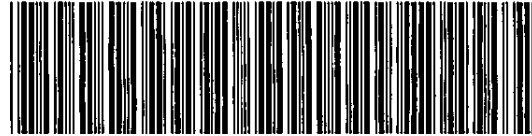
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900288379629

900288379629
07/28/16--01013--001 **70.00

FILED
16 JUL 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
7KH
8/9/16

COVER LETTER

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

SUBJECT: ESMERALDA D. 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

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

FROM: ESMERALDA D. CRUZ
Name (Printed or typed)

6708 NW 188 TERR
Address

HIALEAH, FL 33015
City, State & Zip

786-400-5925
Daytime Telephone number

ECRUZ0326@GMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: ESMERALDA D. CRUZ, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6708 NW 188 TERR

HIALEAH, FL 33015

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ESMERALDA D. CRUZ/ OWNER

Name and Title: _____

Address 6708 NW 188 TERR

Address: _____

HIALEAH, FL 33015

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

FILED
16 JUL 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____
ESMERALDA D. CRUZ

Address: _____
6708 NW 188 TERR

_____ HIALEAH, FL 33015

ARTICLE VII INCORPORATOR

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

Name: _____
ESMERALD D. CRUZ

Address: _____
6708 NW 188 TERR

_____ HIALEAH, FL 33015

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

7/22/16
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

7/22/16
Date

FILED
16 JUL 28 AM 8:41
SECRETARY OF STATE
TALLAHASSEE FLORIDA