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16 SEP - 1 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: MCB WOOD 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: FREDDY RUIZ

Name (Printed or typed)

452 SW 2 STREET APT 13

Address

MIAMI, FL 33130

City, State & Zip

7862624593

Daytime Telephone number

negocr22@hotmail.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: MCB WOOD INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

452 SW 2 STREET APT 13

MIAMI, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CARPENTRY AND WOODWORK SERVICES, FURNITURE ASSEMBLER.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FREDDY RUIZ

Name and Title:

Address 452 SW 2 STREET APT 13

Address:

MIAMI, FL 33130

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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STATE OF FLORIDA
TALLAHASSEE

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: FREDDY RUIZ

Address: 452 SW 2 STREET APT 13

MIAMI, FL 33130

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FREDDY RUIZ

Address: 452 SW 2 STREET APT 13

MIAMI, FL 33130

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TALLAHASSEE FLORIDA


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.

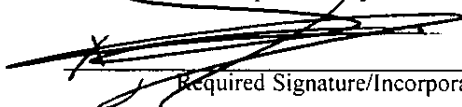
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

8-26-2016
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

8-26-2016
Date