

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

P18000013884

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Division of Corporations
Fax Number : (850)617-6381

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TALLAHASSEE, FLORIDA

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TALENTS OF FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
CUTLER BAY JEWELRY INC.**

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$78.75

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Corporate Filing Menu

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FEB 13 2018

K. Brumbley

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COVER LETTER

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

SUBJECT: CUTLER BAY JEWELRY 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 ☐ \$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: JORGE A LOPEZ-ACCOUNTANT (ACCT#15423)
Name (Printed or typed)
13701 SW 88 STREET SUITE 200A
Address
MIAMI FL 33186
City, State & Zip
786-200-6580
Daytime Telephone number
ACCOUNTINGFINANCIAL@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: CUTLER BAY JEWELRY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

20443 OLD CUTLER ROAD

MIAMI FL 33189

Mailing address, if different is:

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY THE LAWS OF THIS STATE.

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES WITH \$1 PAR/SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LAURA C DELGADO-PRESIDENT

Address: 20443 OLD CUTLER ROAD

MIAMI FL 33189

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

2018 FEB 12 PM 9:31
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

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: LAURA C DELGADO
Address: 20443 OLD CUTLER ROAD
MIAMI FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LAURA C DELGADO-PRESIDENT
Address: 20443 OLD CUTLER ROAD
MIAMI FL 33189


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 days prior or 90 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 as the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X  02/08/18
Required Signature/Registered Agent 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. 817.153, F.S.

X  02/08/18
Required Signature/Incorporator Date