

# P18000038057

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

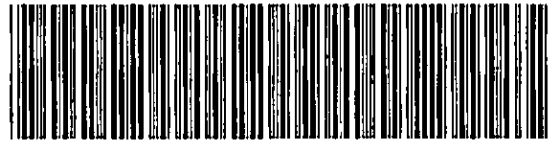
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS

APR 27 2018



400312031164

04/24/18--01025--003 \*\*70.00

CALL ASSIST. FLORIDA

18 APR 24 11:34

## COVER LETTER

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

**SUBJECT:** Cuba Does & Travel, 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:** Marta Rojas  
\_\_\_\_\_  
Name (Printed or typed)  
  
6071 West Flagler Street  
\_\_\_\_\_  
Address  
  
Miami, Florida 33144  
\_\_\_\_\_  
City, State & Zip  
  
(786) 499-7735  
\_\_\_\_\_  
Daytime Telephone number  
  
marta.rojasv@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: Cuba Docs & Travel, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

6071 West Flagler Street

Miami, Florida 33144

Mailing address, if different is:

P.O. Box 262022

Miami, FL 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: All Legal Purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marta Rojas, P/S/T

Address: 6071 West Flagler St.

Miami, Florida 33144

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

FILED  
18 APR 24 ... 3:41  
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: Marta Rojas

Address: 6071 West Flagler Street

Miami, Florida 33144

**ARTICLE VII INCORPORATOR**

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

Name: Marta Rojas

Address: 6071 West Flagler Street

Miami, Florida 33144

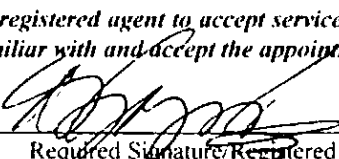
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 5/1/2018 (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 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*

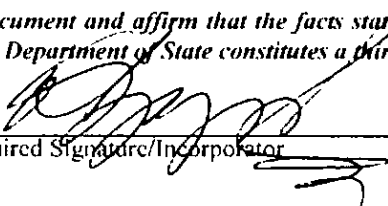


\_\_\_\_\_  
Required Signature/Registered Agent

4/9/2018

\_\_\_\_\_  
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

4/9/2018

\_\_\_\_\_  
Date

18 APR 24 11:41 AM  
FILED  
CLERK OF THE CIRCUIT COURT  
IN AND FOR THE COUNTY OF DADE  
FLORIDA