P1800101693

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u></u>		

IN 8 UUU OF FYM

DEC 1 7/418



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11/19/18--81008--821 *∗70.00



November 26, 2018

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CROUTONS II INC 5020 NE 2ND AVE MIAMI, FL 33137

SUBJECT: CROUTOUNS II INC Ref. Number: W18000101844

We have received your document for CROUTOUNS II INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name release letter needs to be sign, dated and notarized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filling fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00024019

COVÉR LETTER

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

	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	Filing Fee,
		ADDITIONAL CO	
FROM:	C R 0 4 T Nam S o 2 o	e (Printed or typed) NE ZND	AVE
FROM:	5020	NE ZND Address	AVE 33137
FROM:	5020 M, A	NE ZND Address	AVE
FROM:	5020 M, A City, 305	NE ZND Address $MA : FL$	AUE 33137

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)

ICLE II PRIN	CIPAL OFFIC Principal stre		٨	lailing address,	if different is:	
1070	NE.	2 NO AUE L 33131				
MIA	n, F	L 33131				
TICLE III PURP		is organized is:	o PERATE	FORD	SERVI	ı E
			BUSINESS			
ICLE IV SHAR number of shares of	stock is:	/ O O SAND/OR DIRECTOR	25		-	
number of shares of	stock is:	S AND/OR DIRECTOR	S V P (20 Name and Title:			
number of shares of	stock is:	S AND/OR DIRECTOR	Name and Title: TELA Address:			
number of shares of	stock is:	S AND/OR DIRECTOR	Name and Title: H TELA Address:		:	/\Circ
number of shares of	stock is:	S AND/OR DIRECTOR	Name and Title: TELA Address:			
number of shares of	stock is:	S AND/OR DIRECTOR	Name and Title: HERAddress:			C.2
number of shares of HICLE V INITIA Name and Title Address	stock is: AL OFFICERS E: FIOR BOOM MIA	SAND/OR DIRECTOR E A BLAM N E \ P 1 3 3	Name and Title: Address: Name and Title:			C.2
number of shares of HICLE V INITIA Name and Title Address	stock is: AL OFFICERS E: FIOR BOOM MIA	SAND/OR DIRECTOR E A BLAM N E \ P 1 3 3	Name and Title: Address: Name and Title: Name and Title:		 - - - 	
Name and Title Name and Title	stock is: AL OFFICERS E: FIOR BOOM MIA	SAND/OR DIRECTOR ELIA BLAN NE SO FL 33	Name and Title: Address: Name and Title: Name and Title:		 - - - - - -	
Name and Title Name and Title	stock is: AL OFFICERS E: FIOR MIA	SAND/OR DIRECTOR ELIA BLAN NE SO FL 33	Name and Title:		 - - - - - -	STORE STORES
Name and Title Address Address	stock is: AL OFFICERS E: FIOR MIA	SAND/OR DIRECTOR E // A BLAM N £ S P F L 33	Name and Title:			
Name and Title Address Address	Stock is: AL OFFICERS B B C M / A	SAND/OR DIRECTOR E // A BLAM N £ S P F L 33	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:			

		٠.	. ,	
Name and Title	:		Name and Title	:
Address			Address:	
ARTICLE VI REGIST The name and Florida	street address (P.O.	Box NOT acceptable	e) of the registered ag	ent is:
Name:	1001 B.	21CKE 11 B FL 3313	Ay DR	SHITE 1400
ARTICLE VII INCOL				
The <u>name and address</u> of Name:	FIOREL	IA BLANC		
Address:	600 A	FL 33	TELRACE	F
ARTICLE VIII EFFE Effective date, if other th	CTIVE DATE: nan the date of filing	3:		
Note: If the date inserte the document's effective				quirements, this date will not be listed as
Having been named as this certificate, I am fam	iliar with and accep	t the appointment as	ess for the above sta registered agent and	ited corporation at the place designated in agree to act in this capacity
		Cuy		71 - 13 - 18 Date
	Required Signatur	re/Registered Agent		Date
document to the Departn	nent of State constitu	utes a third degree fei		that the false information submitted in a in s.817.155, F.S.
	fully	Blanco		11.14.18
Required Sign	nature/Incorporator			Date

November 14, 2018

RE: Croutons II Inc.

To Whom It May Concern:

We are transmitting a new application for Croutons II Inc. We have no intention of reinstating and we are releasing the name so we can use the name Croutons II Inc. with the attached new corporate application.

Nutchell (Notory Public)

Yours truly,

Richard A. Cahlin

Jun Cun

RAC/rm

ROSALYN MITCHELL
MY COMMISSION #FF214730
EXPIRES: APR 18, 2019
Bonded through 1st State Insurance