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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : PEDRO LOZOUINOS
Account Number : 120170000042
Phone : (954) 655-8413
Fax Number : (954) 432-8807

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: PLUZQUINOS F@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
CUBA PHONE SOLUTIONS INC

Certificate of Status	0
Certified Copy	0
Page Count	01
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2019 MAR 15 PM 2:37

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Corporate Filing Menu

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SECRETARY OF STATE
TALLAHASSEE, FL

2019 MAR 15 AM 9:39

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COVER LETTER

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

SUBJECT: CUBA PHONE SOLUTIONS 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: ERNESTO MARTINEZ SUAREZ

Name (Printed or typed)

5850 NW 183 RD ST

Address

MIAMI GARDENS, FL 33015

City, State & Zip

786-816-2207

Daytime Telephone number

PLUZQUINOSF@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 CUBA PHONE SOLUTIONS INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
5850 NW 183 RD ST
MIAMI GARDENS, FL 33015

ARTICLE III PURPOSE ANY AND ALL LAWFUL BUSINESS
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100 SHARES
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	ERNESTO MARTINEZ SUAREZ (P)	Name and Title:	_____
Address	5850 NW 183 RD ST	Address:	_____
	MIAMI GARDENS, FL 33015		_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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TALLAHASSEE, FL

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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: ERNESTO MARTINEZ SUAREZ
 Address: 5850 NW 183 RD ST
 MIAMI GARDENS, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ERNESTO MARTINEZ SUAREZ
 Address: 5850 NW 183 RD ST
 MIAMI GARDENS, 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 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

03-15-2019

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

03-15-2019

Date

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