Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

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

Email Addres	S:
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FLORIDA PROFIT/NON PROFIT CORPORATION **CRUZ LS INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mair
-1666 30 38 St
miani FL 33165
ARTICLE III SHARES: The number of shares of stock is:
Nicolas oruz Vixtha (P)
The name and Florida street address (NO. P.
or college address (PO Rox not accompable)
Nicol AS CRIZ Viving of the registered agent is:
9222 SW 38 ST-
MI AN I
- 11 MM FL. 33165.
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
NICOIAS CRUZ VIV + 100
9222
-1666 SW 38 ST
19191 FI 33165.

Required Signatures:

Hazzing hoon warmed day to the same	*** **·	
Having been named as registered agent to accept corporation at the place designated in this	t service of process for the above	
corporation at the place designated in this certification	A any tree of brocess for the above	e stated
Parada at the place designated in this Cerni	ncate, I am familiar with and acc	ent the
appointment as registered agent and	Company to make the state of the	cht me
ti — to botter en agent and	agree to act in this canacity	

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.817.155, F.S.

Incorporator Date