

P19 000026985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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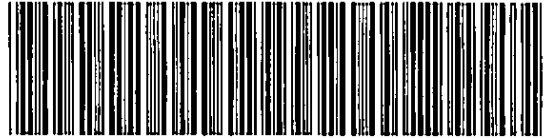
(Business Entity Name)

(Document Number)

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

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2019 MAR 22 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: Casa Granite and Services 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: Marco Rea Rodriguez  
Name (Printed or typed)

6709 114<sup>th</sup> Avenue Unit 2  
Address

Largo Florida 33773  
City, State & Zip

727 410 4260  
Daytime Telephone number

Casagraniteinc@yahoo.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: Casa Granite and Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6709 114<sup>th</sup> Avenue Unit 2

Largo FL 33773

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Granite and Cabinetry  
Sales

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marco Rea Rodriguez President Name and Title:

Address 6709 114<sup>th</sup> Avenue Unit 2 Address:

Largo FL 33773

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

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\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Marco Rea Rodriguez

Address: (HS) 6709 114<sup>th</sup> Avenue Unit 2  
Largo, FL 33773

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marco Rea Rodriguez

Address: 6709 114<sup>th</sup> Avenue Unit 2  
Largo FL 33773

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**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 3-16-2019 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

3-16-19  
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

3-16-19  
Date