

(Requestor's Name) (Address) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
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	(Document Number)
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	Special Instructions to Filing Officer:

Office Use Only



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01/25/19--01013--018 ++70.00

COVER LETTER

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

SUBJECT: Z&RH	IOMES, INC.	: TË NAME – MUST INCLI	UDF SUFFIX
Enclosed are an orig	inal and one (1) copy of the arti	•	
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

	Name (Printed or typed)
6	5220 W 21ST CT
_	Address
1	HALEAH, FL 33016
_	City, State & Zip
(305) 556-0044
-	Daytime Telephone number
i.	NFO@JACOBOTAX.COM

NOTE: Please provide the original and one copy of the articles.

Department of State
Division of Corporations
Tallahassee, FL 32314

June 28, 2019

Ref: Document number W19000010103

Dear Valerie Herring,

The present letter is to let you know that I have no intent to file a reinstatement for Z & R Homes, INC. with the document number P17000077274.

Thanks for your help and support on this matter; feel free to contact me as soon as possible in any case necessary.

Sincerely yours

Sandra Rodriguez

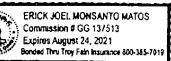
President

State of Florida County of Miami-Dade

Sworn to and subscribed before me this 23th day \ \lambda \nu \ 20 19 \ by Sandra Rodriguez.

Personally Known_ Or produced Identification _ Type of identification_

NOTARY PUBLIC



ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u> ARTICLE II PRIN</u>	Principal <u>street</u> address		Mailing address, if different is:
16776 NW 91 AVE			
HIALEAH, FL 33018			
ARTICLE III PURI The purpose for which	the corporation is organized is: ANY	AND ALL LAWFUL B	USINESS
	of stock is:		
Name and Tit	AL OFFICERS AND/OR DIRECTOR SANDRA RODRIGUEZ, P 16776 NW 91 AVE	Name and Title	
	le: SANDRA RODRIGUEZ, P 16776 NW 91 AVE	Name and Title	16776 NW 91 AVE
Name and Tit	le: SANDRA RODRIGUEZ, P	Name and Title: Address:	
Name and Tit Address	le: SANDRA RODRIGUEZ, P 16776 NW 91 AVE HIALEAH, FL 33018	Name and Title: Address:	16776 NW 91 AVE HIALEAH, FL 33018
Name and Tit Address	Ie: SANDRA RODRIGUEZ, P 16776 NW 91 AVE HIALEAH, FL 33018	Name and Title: Address: Name and Title:	16776 NW 91 AVE HIALEAH, FL 33018
Name and Tit Address Name and Titl	e: SANDRA RODRIGUEZ, P 16776 NW 91 AVE HIALEAH, FL 33018	Name and Title: Address: Name and Title: Address: Address:	16776 NW 91 AVE HIALEAH, FL 33018 209 JUL - 1
Name and Tit Address Name and Titl Address	e:	Name and Title: Address: Name and Title: Address: Address:	16776 NW 91 AVE HIALEAH, FL 33018 SECTION AND ADDRESS OF A SECTION ADDRESS OF A SECTION AND ADDRESS OF A SECTION AND ADDRESS OF A SECTION ADDRESS OF A SECTION AND ADDRESS OF A SECTION ADD
Name and Tit Address Name and Titl Address	Ie: SANDRA RODRIGUEZ, P 16776 NW 91 AVE HIALEAH, FL 33018 e:	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	16776 NW 91 AVE HIALEAH, FL 33018 SECTION AND ADDRESS OF A SECTION ADDRESS OF A SECTION AND ADDRESS OF A SECTION AND ADDRESS OF A SECTION ADDRESS OF A SECTION AND ADDRESS OF A SECTION ADD

Name and Title:		Name and Title:	Name and Title:	
Address		Address:		
	REGISTERED AGENT			
The name and I	Florida street address (P.O. Box NOT acceptab	le) of the registered agent is:		
Name:	JACOBO & ASSOCIATES, INC.			
Address:	6220 W 21ST CT			
	HIALEAH, FL 33016			
ARTICLE VII	INCORPORATOR			
The name and a	iddress of the Incorporator is:			
Name:	SANDRA RODRIGUEZ			
Address:	16776 NW 91 AVE			
	HIALEAH, FL 33018			
ARTICLE VIII	EFFECTIVE DATE:	OPTION		
(If an effective filing.)	f other than the date of filing:	annot be more than five day	(XL) ys prior or 90 days after the	
	e inserted in this block does not meet the applic effective date on the Department of State's reco		ents, this date will not be listed as	
Having been na this Certific ate, I	med as registered agent to occept service of production with and accept the appointment of	ocess for the above stated co as registered agent and agree	rporation at the place designated in to act in this capacity	
KS	in fall (01/14/2019	
	Required Signature/Registered Agent		Date	
	cument and affirm that the facts stated herein Department of State constitutes a third degree			
X.			01/14/2019	
Requ	aired Signature/Incorpdrator)		Date	
-	<i>O</i> /			