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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 LOZQUINOS
Account Number : I20170000042
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: PLUZZQUINOSF@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
CRUZ DELIVERY TILE CORP

Certificate of Status	0
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Corporate Filing Menu

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JUL 25 2019

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COVER LETTER

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

SUBJECT: CRUZ DELIVERY TILE CORP(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
Filing Fee☐ \$78.75
Filing Fee
& Certificate of Status☐ \$78.75
Filing Fee
& Certified Copy☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status**ADDITIONAL COPY REQUIRED****FROM:** RAMON E CRUZ-MENDOZA

Name (Printed or typed)

18622 NW 10TH CT

Address

MIAMI, FL 33169

City, State & Zip

(954) 655-8413

Daytime Telephone number

PT.UZQUINOSF@HOTMAIL.COM

E-mail address: (to be used for future annual report notification)

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

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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: CRUZ DELIVERY TILE CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

18622 NW 10TH CT

MIAMI, FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAMON E. CRUZ-MENDOZA (P)

Name and Title:

Address

18622 NW 10TH CT

Address:

MIAMI, FL 33169

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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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: RAMON E, CRUZ-MENDOZA
 Address: 18622 NW 10TH CT
MIAMI, FL 33169

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAMON E, CRUZ-MENDOZA
 Address: 18622 NW 10TH CT
MIAMI, FL 33169

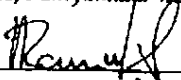
ARTICLE VIII EFFECTIVE DATE:

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.

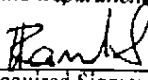
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


 Required Signature/Registered Agent

07/23/2019

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

07/23/2019

Date

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