

# P19000060348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

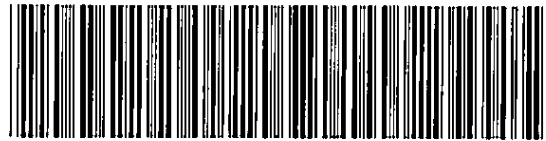
(Business Entity Name)

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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19 AUG -5 AM 10:57

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

LAW OFFICES  
**MICHAEL ORTIZ, P.A.**

1430 SOUTH DIXIE HIGHWAY  
SUITE 321  
CORAL GABLES, FLORIDA 33146

TELEPHONE (305) 665-5270  
FACSIMILE (305) 665-1112  
E-MAIL lawortiz@aol.com

August 5, 2019

**By: Hand Delivered**

New Filing Section  
Division of Corporation  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**RE: FB - Struttura Corp**  
**Client File No. 970C**

Dear Sir/Madam:

I am enclosing original Articles of Incorporation of FB- Struttura Corp, and a copy of same.

In addition, I have included a Michael Ortiz, P.A. check in the amount of \$70.00 for the processing of this Application. Thank you.

Very truly yours,

MICHAEL ORTIZ, P.A.

A handwritten signature in black ink, appearing to be 'Michael Ortiz', written in a cursive style.

MICHAEL ORTIZ, ESQ.

## COVER LETTER

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

**SUBJECT:** FB - Struttura 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:** Michael Ortiz

\_\_\_\_\_  
Name (Printed or typed)

1430 South Dixie Highway, Suite 321

\_\_\_\_\_  
Address

Coral Gables, FL 33146

\_\_\_\_\_  
City, State & Zip

(305)665-5270

\_\_\_\_\_  
Daytime Telephone number

lawortiz@aol.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: FB - Struttura Corp

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

c/o 1430 South Dixie Highway, Suite 321

Coral Gables, FL 33146

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to transact any or all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000 shares, \$1.00 par value each

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Martha Lucia Saldarriaga, President

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

Address 7951 NE Bayshore Ct

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

Unit 1505

Miami, FL 33138

Name and Title: Carlos Humberto Fabian Z., Vice President

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

Address 7951 NE Bayshore Ct

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

Unit 1505

Miami, FL 33138

Name and Title: Michael Ortiz, Secretary

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

Address 1430 South Dixie Highway

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

Suite 321

Coral Gables, FL 33146

FILED  
19 AUG -5 AM 10:57  
CLERK OF DISTRICT COURT  
MIAMI, FL 33138

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: Michael Ortiz, P.A.  
Address: 1430 South Dixie Highway, Suite 321  
Coral Gables, FL 33146

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CLERK OF DISTRICT COURT  
JANUARY 1, 2019

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Michael Ortiz  
Address: 1430 South Dixie Highway, Suite 321  
Coral Gables, FL 33146

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: August 5, 2019 (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

8/2/2019  
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.*