

PM 000 062 816

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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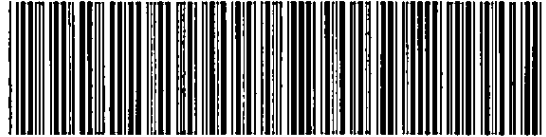
(Business Entity Name)

(Document Number)

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

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AUG 12 2019

## COVER LETTER

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

**SUBJECT:** Cruz Lunch Truck 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  
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:** Yuniesky Cruz Martinez

Name (Printed or typed)

6680 W 2nd CT Apt. 214

Address

Hialeah, FL 33012

City, State & Zip

786-234-8910

Daytime Telephone number

yunieskycruz@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: Cruz Lunch Truck Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

6680 W 2nd CT Apt. 214

Hialeah, FL 33012

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Lunch Truck

### ARTICLE IV SHARES

The number of shares of stock is: One

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yuniesky Cruz Martinez, President

Name and Title:

Address: 6680 W 2nd CT Apt. 214

Address:

Hialeah, FL 33012

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

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LB

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: Yuniesky Cruz Martinez  
Address: 6680 W 2nd CT Apt. 214  
Hialeah, FL. 33012

**ARTICLE VII INCORPORATOR**

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

Name: Yuniesky Cruz Martinez  
Address: 6680 W 2nd CT Apt. 214  
Hialeah, FL. 33012

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 07/15/2019 (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

07/15/2019

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

07/15/2019

Date