

P20000012953

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : ITAX GROUP, LLC  
Account Number : I20140000115  
Phone : (813)882-8426  
Fax Number : (813)884-0263

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: SDPMCRUZ@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
MCBJJ CARROLWOOD CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
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2020 FEB 14 AM 9:51  
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February 13, 2020

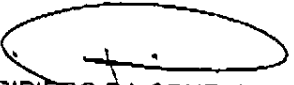
Re: MCBJJ CARROLWOOD CORP, Document number P18000040278

To: Florida Department of State, Division of Corporation

I hereby attest to release the name MCBJJ CARROLWOOD CORP to be filed to a new document, the officers are the same to be included in this new filing.

See Articles of Incorporation attached.

Regard,

  
RIBIERO DA CRUZ, RODRIGO  
President

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

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

**SUBJECT:** MCBJJ CARROLWOOD 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      ☐ \$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:** RODRIGO RIBEIRO DA CRUZ  
Name (Printed or typed)  
18001 RICHMOND PLACE DR  
Address  
TAMPA FL 33647  
City, State & Zip  
813-607-0834  
Daytime Telephone number  
SDPMCruz@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL

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**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: MCBJJ CARROLWOOD CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

18001 Richmond Place Dr. Tampa FL 33647**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: RIBEIRO DA CRUZ, RODRIGOAddress: PRESIDENT18001 Richmond Place Dr.Tampa FL 33647

Name and Title:

Address:

Name and Title: DE OLIVEIRA RIBEIRO, SONIAAddress: SECRETARY18001 Richmond Place Dr.Tampa FL 33647

Name and Title:

Address:

Name and Title: CRUZ, RENAN LUIZAddress: DIRECTOR18001 Richmond Place Dr.Tampa FL 33647

Name and Title:

Address:

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TALLAHASSEE, FL

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: RIBEIRO DA CRUZ, RODRIGO  
Address: 18001 Richmond Place Dr.  
Tampa FL 33647

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RIBEIRO DA CRUZ, RODRIGO  
Address: 18001 Richmond Place Dr.  
Tampa FL 33647

**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

02/13/2020

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

02/13/2020

Date

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