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## FLORIDA PROFIT/NON PROFIT CORPORATION CR&CS Corp

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#### H20000139762

#### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

**CR&CS Corp** 

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

4045 Sheridan Ave, Suite 211 Miami Beach, FL 33140

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#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at no par value

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Jacob Abecassis 4045 Sheridan Ave, Suite 211 Miami Beach, FL 33140

Prepared By:
Bruce B. Hubbard
238 W. Jericho Turnpike
Huntington Sta., NY 11746
1-516-935-3940

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#### ARTICLE V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Cesar Sanguinetti - PRESIDENT/ DIRECTOR 115 Soriano Drive, Jupiter, FL 33458

Maria Cecilia Recarte - VICE PRESIDENT/ DIRECTOR 115 Soriano Drive, Jupiter, FL 33458

#### ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Cesar Sanguinetti 115 Soriano Drive, Jupiter, FL 33458

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

8th day of May 20 20

Cesar Sanguinetti

Signature

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**SIGNATURE** 

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	CR&CS Corp		
·			
2. The name and address of the regi	istered agent and office is:		
	Jacob Abecassis	-	
	Name		
	4045 Sheridan Ave, Suite 211		
	(P.O. Box or Mail Drop Box NOT Acceptable)	-	
	Miami Beach, FL 33140		
	(City / State / Zip)	*	
agent and agree to act in this cap	ted in this certificate, I hereby accept the appointment as regionally. I further agree to comply with the provisions of all the lete performance of my duties, and am familiar with and accessistered agent.	stanites -	
1//	)		
	05/08/2020	_	
Jacob Abecassis	(Date)		