

P20000092119

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 : GONZALEZ & ASSOCIATES III PA
Account Number : I20190000077
Phone : (954)773-7286
Fax Number : (954)526-8825

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

Email Address: ERIVAS@AMEFINANCIALGROUP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
MARUCAORTIZES SERVICES, INC

Certificate of Status	1
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December 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

GONZALEZ & ASSOCIATES III PA

SUBJECT: MARUCAORTIZES SERVICES, INC
REF: W20000136221

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalea S Dennis
Regulatory Specialist II
New Filing Section

FAX Aud. #: E20000409940
Letter Number: 720A00024001

COVER LETTER

H20000409940 3

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

SUBJECT: MARUCAORTIZES SERVICES, 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: EFRENA A. RIVAS
Name (Printed or typed)

441 SW 131st AVE
Address

DAVIE, FL 33325
City, State & Zip

305-558-5846
Daytime Telephone number

ERIVAS@AMEFINANCIALGROUP.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)

420000409940 3

ARTICLE I NAMEThe name of the corporation shall be: MARUCAORTIZES SERVICES, INCARTICLE II PRINCIPAL OFFICEPrincipal street address1681 NW 70 AVE APT 301PLANTATION, FL 33313

Mailing address, if different is:

1681 NW 70 AVE APT 301PLANTATION, FL 33313ARTICLE III PURPOSEThe purpose for which the corporation is organized is: THIS COMPANY IS ORGANIZED FOR THE CONDUCT AND OR :ALL LAWFUL BUSINESS.ARTICLE IV SHARESThe number of shares of stock is: 50ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: MARIA C. ORTIZ - PRESIDENTName and Title: N/AAddress 1681 NW 70 AVE APT 301Address: N/APLANTATION, FL 33313Name and Title: N/AName and Title: N/A

Address

Address:

Name and Title: N/AName and Title: N/A

Address

Address:

H20000409940 3

Name and Title: N/A Name and Title: N/A
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLOBAL BUSINESS SERVICES&CONSULTING INC
Address: 441 SW 131st AVE
DAVIE, FL 33325

20 DEC -2 PM 1:46

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: MARIA C. ORTIZ
Address: 1681 NW 70 AVE APT 301
PLANTATION, FL 33313

ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/01/2021 (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

Date

11-30-2020

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

Date

11-30-2020

COVER LETTER

H20000409940 3

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New Filing Section
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 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: EFREN A. RIVAS
Name (Printed or typed)

441 SW 131st AVE
Address

DAVIE, FL 33325
City, State & Zip

305-558-5846
Daytime Telephone number

ERIVAS@AMEFINANCIALGROUP.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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In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

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1681 NW 70 AVE APT 301
PLANTATION, FL 33313Mailing address, if different is:
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PLANTATION, FL 33313**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: THIS COMPANY IS ORGANIZED FOR THE CONDUCT ANY OR
ALL LAWFUL BUSINESS.**ARTICLE IV SHARES**The number of shares of stock is: 50**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MARIA C. ORTIZ - PRESIDENTName and Title: N/AAddress 1681 NW 70 AVE APT 301
PLANTATION, FL 33313Address: N/AName and Title: N/AName and Title: N/A

Address

Address:

Name and Title: N/AName and Title: N/A

Address

Address:

H20000409940 3

Name and Title: N/A Name and Title: N/A

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: GLOBAL BUSINESS SERVICES&CONSULTING INCAddress: 441 SW 131st AVEDAVIE, FL 33325**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: MARIA C. ORTIZAddress: 1681 NW 70 AVE APT 301PLANTATION, FL 33313**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 01/01/2021 (OPTIONAL)

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Required Signature/Registered Agent11-30-2020
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/Incorporator11-30-2020
Date