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(((H20000409940 3)))



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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.\*\*

## FLORIDA PROFIT/NON PROFIT CORPORATION MARUCAORTIZES SERVICES, INC

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850-617-6381

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.

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Jalesa S Dennis Regulatory Specialist II New Filing Section FAX Aud. #: H20000409940 Letter Number: 720A00024001 **COVER LETTER** 

H20000409940 3

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

9545268825

| SUBJECT:M  | RUCAORTIZES SERVICES, INC<br>(PROPOSED CORPOR.  | ATE NAME – <u>MUST INCL</u>           | DE SUFFIX)   |
|--|---|---------------------------------------|--|
| Enclosed are an original street    570.00   Filing Fee | ginal and one (1) copy of the ar  \$\infty\$ \$78.75  Filing Fee  & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy | ☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status |
|  |   | 122110112501                          |  |

| FROM: | EFREN A. RIVAS   |  |  |
|-------|--|--|--|
| I ROM | 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 H200040940
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

|                          | incipal street address                 | Mailing address, if different is:<br>1681 NW 70 AVE APT 301<br>PLANTATION, FL 33313 |                     | f different is:        |
|--------------------------|--|---|---------------------|------------------------|
|                          | 1                                      |   |                     | DI ANITATIONI EL 33313 |
| <u>ITATION, FL 33313</u> |  | PLANTATIO   | <u>JN, FL 33313</u> |                        |
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| CLE III PURPOS           | <u>E</u>                               | AND AND AND AND   | n cop tue (         | CONDUCT APP O          |
| irpose for which the     | E corporation is organized is: THIS CO | WPANT IS URGANIZE   | D FOR THE C         | <u>声</u>               |
| AWFUL BUSINES            |  |   |                     |                        |
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| umber of shares of s     |  |   |                     |                        |
| minoet of privies of 2   | IOCK 15                                |   |                     |                        |
|                          |  |   |                     |                        |
| ICLE V INITIAL           | OFFICERS AND/OR DIRECTORS              |   |                     |                        |
| Name and Title:          | MARIA C ORTIZ - PRESIDENT              | Name and Title:_  | N/A                 |                        |
|                          | 1681 NW 70 AVE APT 301                 |   | N/A                 |                        |
| Address                  |  |   |                     |                        |
|                          | PLANTATION, FL 33313                   |   | <del></del> .       |                        |
|                          | <u> </u>                               | <u> </u>  |                     |                        |
|                          |  |   |                     |                        |
| Name and Title:          | N/A                                    | Name and Title:_  | N/A                 |                        |
| Address                  |  | Address: _  |                     |                        |
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|                          | •                                      |   | N/A                 |                        |
| Name and Title:          | _N/A                                   | Name and Title:   | N/A                 |                        |
| Name and Title:          | _N/A                                   |   | N/A                 |                        |
|                          |  |   | N/A                 |                        |
|                          |  |   | N/A                 |                        |

| Name and                             | d Title: N/A   | Name and The.                        |  |
|--------------------------------------|--|--------------------------------------|--|
| Address                              |  | Address:                             |  |
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|                                      |  |                                      | 20, %                                    |
| RTICLE VI                            | REGISTERED AGENT   | s an Secretaria                      |  |
| he <u>name and F</u>                 | lorida street address (P.O. Box NOT acceptable   |                                      | <b>\( \)</b>                             |
| Vame:                                | GLOBAL BUSINESS SERVICES&CONSULT   | ING INC                              | 10                                       |
| Address:                             | 441 SW 131st AVE   |                                      | 20 Witt - 2 PM                           |
|                                      | DAVIE, FL 33325  | •                                    | l  |
|                                      | DAYIL, 1 C 00020   |                                      |  |
| . DTIC: F VII                        | INCORPORATOR   |                                      |  |
|                                      | •  |                                      |  |
| he <u>name and a</u>                 | ddress of the Incorporator is:   |                                      |  |
| Name:                                | MARIA C. ORTIZ   | _ <del></del>                        |  |
| Address:                             | 1681 NW 70 AVE APT 301   |                                      |  |
|                                      | PLANTATION, FL 33313   |                                      |  |
| 4RTICLE VIII                         | EFFECTIVE DATE:  |                                      |  |
| CC data                              | Father than the date of filing: 01/01/2021   | (OPTIONAL)                           | rion on 98 days after the                |
| If an effective<br>filing.)          | date is listed, the date must be specific and co   | annot be more than live days p       | CIOF OI 90 Gays after the                |
| ~ .                                  |  | 79.                                  | - uki- dara sali mor bo linted o         |
| Note: If the da                      | te inserted in this block does not meet the applic<br>effective date on the Department of State's reco | able statutory filing requirement    | s, this date will not be listen t        |
| ne document s                        | effective date on the Department of State 5 1355   |                                      |  |
| Having been no                       | med as registered agent to accept service of proc  | ess for the above stated corporation | on at the place designated in t          |
| certificate, I am                    | familiar with and accept the appointment as res  | eistered agent and agree to act in   | inis capacity                            |
|                                      | A. Thusein   | L.                                   | 11-30-2020                               |
|                                      | Required Signature/Registered Agent  |                                      | Date                                     |
| I submit this did<br>document to the | ocument and affirm that the facts stated herein<br>e Department of State constitutes a third degree    | are true. I am aware that the f      | alse information submitted it<br>5, F.S. |
| mm                                   | ne W   |                                      |  |
| 1////                                | The Compositor   |                                      | ate 1/-30-2020                           |
| Required Signa                       | hy e tocorporator  |                                      | gić                                      |

MARUCAORTIZES SERVICES, INC.

## **COVER LETTER**

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

| SUBJECT:                | MARUCAORTIZES SERVICES, INC         | TO SEE SEE SEE SEE SEE SEE                        | ine circury)   |
|-------------------------|-------------------------------------|---|--|
|                         | (PROPOSED CORPURA                   | TE NAME - MUST INCL                               | DDE SOFEIA)  |
| Enclosed are an or      | riginal and one (1) copy of the art | ticles of incorporation and                       | i a check for:   |
| □ \$70.00<br>Filing Fee | <b>⊠ \$7</b> 8.75                   | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| FROM: _                 | EFREN A. RIVAS<br>Nam               | ne (Printed or typed)                             |  |
| -                       | 441 SW 131st AVE                    | Address   |  |
| -                       | DAVIE, FL 33325                     | y, State & Zip                                    |  |
| -                       | 305-558-5846<br>Daytime             | Telephone number                                  |  |
| -                       | ERIVAS@AMEFINANCIALGROUS            | P.COM<br>ed for future annual report              | notification)  |

NOTE: Please provide the original and one copy of the articles.

## ARTICLES OF INCORPORATION H2000040 9940 3 In compliance with Chapter 607 and/or Chapter 621, P.S. (Profit)

| J PRINCI  | PAL OFFICE  | 5.4   | 112 Advance (Ediffere                       | mt ic.  |
|---|---|---|---|---------|
| P   | rincipal <u>street</u> address  | Ma<br>1681 NW 7   | niling address, if differe<br>0 AVE APT 301 | AIL 15. |
|   | )1  |   | ON, FL 33313                                |         |
| TION, FL 33313  | · · · · · · · · · · · · · · · · · · ·   | <u>,</u>  | <b></b>                                     |         |
| III PURPO.<br>se for which th   | SE e corporation is organized is: THIS CC   | MPANY IS ORGANIZI   | ED FOR THE CONDU                            | CT A    |
| FUL BUSINES   | S   |   |   |         |
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|   |   |   |   | _       |
| er of shares of   | ES<br>stock is: <u>50</u><br>L OFFICERS AND/OR DIRECTORS  | <u>.</u>  |   |         |
| er of shares of s   | stock is: 50  |   | N/A   |         |
| ber of shares of $\frac{E \ V}{NITLA}$  | L OFFICERS AND/OR DIRECTORS  : MARIA C. ORTIZ - PRESIDENT   |   | N/A<br>N/A                                  | ·       |
| ber of shares of $\frac{E \ V}{NITLA}$  | L OFFICERS AND/OR DIRECTORS  : MARIA C. ORTIZ - PRESIDENT   | Name and Title:   |   |         |
| ber of shares of $\frac{E\ V}{}$ INITIA   | L OFFICERS AND/OR DIRECTORS  : MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301                           | Name and Title:   |   |         |
| ber of shares of s<br>E V INITIA<br>Name and Title<br>Address   | L OFFICERS AND/OR DIRECTORS  MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301  PLANTATION, FL 33313       | Name and Title:   | N/A   |         |
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| per of shares of s<br>EV INITIA<br>Name and Title<br>Address  | L OFFICERS AND/OR DIRECTORS  MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301  PLANTATION, FL 33313       | Name and Title: Address:  Name and Title:   | N/A   |         |
| ber of shares of states of states of states and Title Name and Title Name and Title Name and Title  | LOFFICERS AND/OR DIRECTORS  MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301  PLANTATION, FL 33313        | Name and Title: Address:  Name and Title:   | N/A   |         |
| ber of shares of shares of shares of shares and Title Address Name and Title Address  | LOFFICERS AND/OR DIRECTORS  : MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301  PLANTATION, FL 33313  N/A | Name and Title: Address: Name and Title: Address:                                 | N/A   |         |
| Name and Title Address Name and Title Address   | LOFFICERS AND/OR DIRECTORS  MARIA C. ORTIZ - PRESIDENT  1681 NW 70 AVE APT 301  PLANTATION, FL 33313        | Name and Title: Address: Name and Title: Address:                                 | N/A   |         |
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| Name a                              | nd Trie. NA  | Name and Title            |  |
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| Addres                              | .ss  | Address:                  | <u>.</u>   |
|                                     |  |                           | · · · · · · · · · · · · · · · · · · ·                                |
|                                     | <del></del>  | <del>_</del> _            | 1  |
|                                     | REGISTERED AGENT<br>Roridm street address (P.O. Box NOT acceptable)  | of the registered agent   | is:  |
| Name:                               | GLOBAL BUSINESS SERVICES&CONSULTI  | NG INC                    |  |
| Address:                            | 441 SW 131st AVE   | _                         | . ·  |
|                                     | DAVIE, FL 33325  |                           | ' .  |
| :<br><u>ARTICLE VII</u>             | INCORPORATOR   |                           |  |
| The name and                        | address of the Incorporator is:  |                           | •  |
| Name:                               | MARIA C. ORTIZ   | ~                         |  |
| Address:                            | 1681 NW 70 AVE APT 301   |                           |  |
|                                     | PLANTATION, FL 33313   |                           |  |
| Effective date,                     | I EFFECTIVE DATE: if other than the date of filing: 01/01/2021 date is listed, the date must be specific and can |                           | TONAL)<br>e days prior or 90 days after the                          |
|                                     | te inserted in this block does not meet the applical effective date on the Department of State's record          |                           | uirements, this date will not be listed as                           |
| Having been no<br>certificate, I an | amed as registered agent to accept service of proces<br>of familiar with and accept the appointment as regis     | s for the above stated of | orporation at the place designated in thi<br>to act in this capacity |
|                                     | Afleryeon  | <u> </u>                  | 11-30-2020   |
|                                     | Required Signature/Registered Agent ocument and affirm that the facts stated herein a                            |                           |  |
| document to the                     | e Department of State constitutes a third degree fet   | ony as provided for in .  | s.817.155, F.S.  |
| Required Signa                      | trate/incorporator   |                           | $\frac{1/-30-2020}{}$  |
| vedance Digue                       | Total por and  |                           | Date   |