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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
FLOR CRUZ CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

21 MAR 24 AM 5:28

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RECEIVED

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

J DENNIS
MAR 25 2021

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: FLOR CRUZ CORP**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1021 APPLE AVE

Mailing address, if different is:

LEHIGH ACRES, FL 33971 US**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business

2 MAR 24 AM 3:28

ARTICLE IV SHARESThe number of shares of stock is: 100**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: FLORISMEL CRUZ CABRERA, PRESIDENT

Name and Title: _____

Address 1021 APPLE AVE

Address: _____

LEHIGH ACRES, FL 33971 US

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: FLORISMEL CRUZ CABRERA
Address: 1021 APPLE AVE
LEHIGH ACRES, FL 33971 US

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FLORISMEL CRUZ CABRERA
Address: 1021 APPLE AVE
LEHIGH ACRES, FL 33971 US

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

03/18/2021

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

03/18/2021

Date