

H2200010663032140

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 : ULLOA & COMPANY PROFESSIONAL ASSOCIATION
Account Number : I20190000086
Phone : (305)275-1300
Fax Number : (305)275-1301

Handwritten signature and date 3/25/22

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

Email Address: rrcru@hotmail.com

FLORIDA PROFIT/NON PROFIT CORPORATION

Cruzo Services Inc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

RECEIVED

2022 MAR 24 PM 12:00

**DIVISION OF CORPORATIONS
COMMERCIAL SERVICES**

2022 MAR 24 AM 7:31

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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: **Cruzo Services Inc**

ARTICLE II PRINCIPAL OFFICE

Principal **street** address is: 649 SW 7th Street #9, Miami, FL 33130

Mailing address, if different is:

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eloy R Cruz Orellana, President

Address: 649 SW 7th Street #9, Miami, FL 33130

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

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STATE OF FLORIDA
SECRETARY OF STATE

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

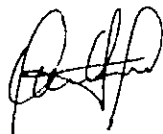
Ulloa and Company Professional Association

14050 SW 84 Street, Suite 104, Miami, FL 33183

ARTICLE VIII EFFECTIVE DATE

Effective date, if other than the date of filing: 03/22/2022

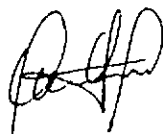
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

03/22/2022

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

03/22/2022

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FILED