

P22000032478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

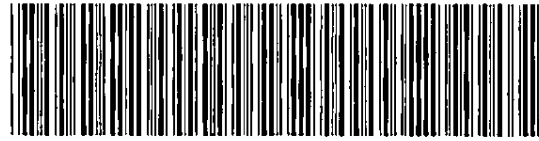
(Document Number)

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2022 MAY -2 PM 4:24  
TALLAHASSEE, FL

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2022 APR 28 PM 4:06  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED



12905 SW 42 STREET Suite: 210  
MIAMI, FL 33175  
Phone: 305-444-4994  
Email: filing@ecfsfiling.com

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBERS(S):

1. CR Group One Investment Corp.  
(CORPORATE NAME) (DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME) (DOCUMENT #)

☐ Walk-In    ☒ Pick up time: \_\_\_\_\_    ☐ Certified Copy    ☐ Certificate Of Status

New Filings	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Other:

Amendments	
<input type="checkbox"/>	Amendments
<input type="checkbox"/>	Resignation
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Other:

Other Filings	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Apostille:
<input type="checkbox"/>	Other:

Examiners Initials	
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 30, 2022

EXPRESS

SUBJECT: CR GROUP ONE INVESTMENT CORP  
Ref. Number: W22000056270

We have received your document for CR GROUP ONE INVESTMENT CORP and your check(s) totaling \$420.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a typo in the City in all of the Articles.

Please return 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.

Neysa Culligan  
Regulatory Specialist III

Letter Number: 822A00010041

RECEIVED  
2022 MAY -2 PM 4:02  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**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: CR GROUP ONE INVESTMENT CORP.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7700 N KENDALL DR. STE 300.0  
MIAMI, FL 33156

Mailing address, if different is:  
7700 N KENDALL DR. STE 300.0  
MIAMI, FL 33156

**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: SHARES: 100 @ \$1.00

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>RAIDEL CERRA - P</u>	Name and Title:	_____
Address	<u>7700 N KENDALL DR. STE 300.0</u>	Address:	_____
	<u>MIAMI, FL 33156</u>		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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2022 MAY -2 PM 4:25  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: RAIDEL CERRA  
Address: 7700 N KENDALL DR. STE 300.0  
MIAMI, FL 33156

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: RAIDEL CERRA  
Address: 7700 N KENDALL DR. STE 300.0  
MIAMI, FL 33156

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TALLAHASSEE, FL

**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  
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  
Date \_\_\_\_\_