

P22000047612

(Requestor's Name)

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☐ PICK-UP

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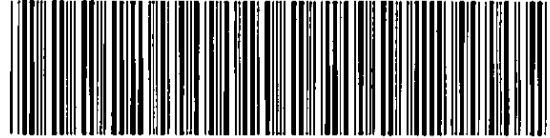
(Business Entity Name)

(Document Number)

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OFFICE OF STATE DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 10, 2022

LESBIA SEGURA
3203 S ORANGE BLOSSOM TRL #206
KISSIMMEE, FL 34746

SUBJECT: ZEREP INVESTMENTS INC
Ref. Number: W22000077726

OFFICE OF THE
CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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We have received your document for ZEREP INVESTMENTS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 722A00013008

COVER LETTER

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

SUBJECT: **ZEREP INVESTMENTS 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: **JULIAN PEREZ MARTINEZ**
Name (Printed or typed)
2170 VICTORIA FALLS DR
Address
ORLANDO, FL 32824
City, State & Zip
919-579-7694
Daytime Telephone number
JULIANPEREZ3@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32314

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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)

ARTICLE I NAME

The name of the corporation shall be: CAVAG INVESTMENTS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

2170 VICTORIA FALLS DR
ORLANDO, FL 32824

Mailing address, if different is:

2170 VICTORIA FALLS DR
ORLANDO, FL 32824

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: JULIAN PEREZ MARTINEZ, P

Address: 2170 VICTORIA FALLS DR
ORLANDO, FL 32824

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
JULIAN PEREZ MARTINEZ, P

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: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VII INCORPORATOR

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

Name: LESBIA SEGURA
Address: 3203 S ORANGE BLOSSOM TRAIL #206
KISSIMMEE, FL 34746

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: JUNE 9, 2022. (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
06/09/2022
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
06/09/2022
Date

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DEPARTMENT OF STATE
TALLAHASSEE, FL