

P22000051703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

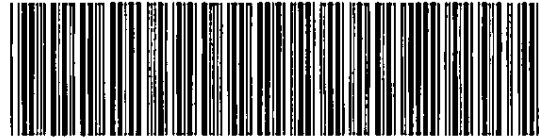
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/18/22--01048--001 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAY 24 AM 5:14

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file 5/24/22

W22-60117

C

April 4, 2022

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

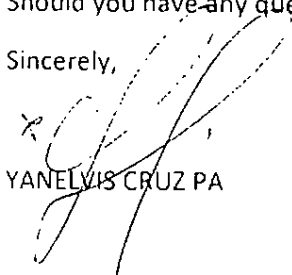
Re: YANELVIS CRUZ PA

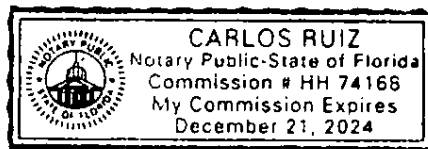
To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,


YANELVIS CRUZ PA



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2022 MAY 24 AM 5:14
CLERK OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2022 MAY 24 PM 1:51

CORPORATIONS
COMMERCIAL
SERVICES

May 10, 2022

MARIA E. RUIZ
7750 SW 117TH AVE. STE. 203
MIAMI, FL 33183

SUBJECT: YANELVIS CRUZ PA
Ref. Number: W22000060117

We have received your document for YANELVIS CRUZ PA and your check(s) totaling \$70.00. 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 administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 022A00010765

2022 MAY 24 AM 5:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: YANELVIS CRUZ PA

(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: MARIA E RUIZ

Name (Printed or typed)

7750 SW 117TH AVE SUITE 203

Address

MIAMI FLORIDA 33183

City, State & Zip

305 595-2407

Daytime Telephone number

MARIAQUIROS9@HOTMAIL.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

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

ARTICLE I NAME

The name of the corporation shall be: YANELVIS CRUZ PA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

29660 SW 165 COURT

HOMESTEAD FLORIDA 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE COMMISSION

ARTICLE IV SHARES

The number of shares of stock is: 100 @ \$1.00 EA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: YANELVIS CRUZ, PRES

Name and Title: _____

Address 29660 SW 165 COURT

Address: _____

HOMESTEAD FLORIDA 33033

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: YANELVIS CRUZ

Address: 29660 SW 165 COURT

HOMESTEAD FLORIDA 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: YANELVIS CRUZ

Address: 29660 SW 165 COURT

HOMESTEAD FLORIDA 33033

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TALLAHASSEE, FLORIDA

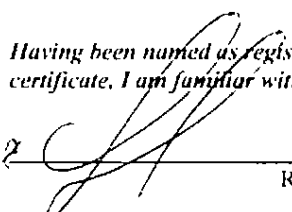
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 04/20/2022 (OPTIONAL)

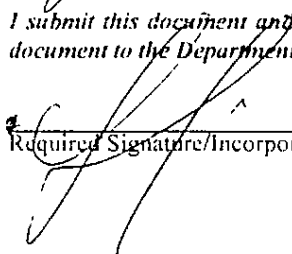
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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 04/05/2022
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 04/05/2022
Date