

P 22080077046

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

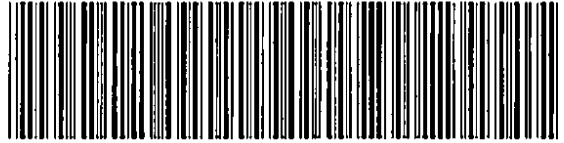
(Document Number)

Certified Copies _____

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OCT - 7 2022

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DIVISION OF CORPORATE
REGISTRATION
FLORIDA

2022 OCT -6 PM 3:34

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
REGISTRATION
22 OCT -6 PM 3:34

COVER LETTER

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

SUBJECT: CRISVAN CORP.

(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: FERNANDO DIAZ, ESQ.
Name (Printed or typed)

55 MERRICK WAY, SUITE 401
Address

CORAL GABLES, FL 33134
City, State & Zip

305-904-2640
Daytime Telephone number

FDIAZ@AD.TAX
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Crisvan Corp

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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: CRISVAN CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9301 SW 53RD STREET

9301 SW 53RD STREET

MIAMI, FL 33165

MIAMI, FL 33165

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: THE PURPOSE OF THIS FLORIDA CORPORATION IS TO
OPERATE AND CONDUCT ANY AND ALL LAWFUL ACTIVITIES PERMITTED IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: IGNACIO J MACAYO, PRES. & DIRECTOR

Name and Title: _____

Address 9301 SW 53RD STREET

Address: _____

MIAMI, FL 33165

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 11 2017
5:57-6 PM

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: INTERNATIONAL CORPORATE SOLUTIONS INC
Address: 55 MERRICK WAY, SUITE 401
CORAL GABLES, FL 33143

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: IGNACIO J MACAYO
Address: 9301 SW 53RD STREET
MIAMI, FL 33165

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DIVISION OF CORPORATIONS
OCT - 6 PM 2022

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

10/5/2022
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

10/5/2022
Date