# 72300012260

### Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H230000603143)))



H230000603143ABCT

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : L & R INTERNATIONAL FIRM INC

Account Number : I20200000026 Phone : (786)413-4344 Fax Number : (305)222-9004

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

Email	Address:						
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## FLORIDA PROFIT/NON PROFIT CORPORATION CUBIVAL SERVICES CORP

Certificate of Status	0
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### **COVER LETTER**

H230000603143

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

SUBJECT:	CUBIVA	L SERVICES CORP			
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	la check for:		
≥ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED		
FROM:	JUANA PATRICIA CUBILLOS				
	Name (Printed or typed)				
	5800 SW 127 AVE STE 2114				
	Address				
	MIAM), FL 33183				
	City, State & Zip				
	786-390-8215				
<del></del>	Daytime Telephone number				
	FRANPATI@HOTMAIL.COM				
•	E-mail address: (to be used for future annual report notification)				
			ľ		

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

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#### ARTICLES OF INCORPORATION

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

The name of the some of	ion shall be:CUBIVAL SE	RVICES CORP	
ne name of the corporat	ion snail be:		
RTICLE II PRINC			
5800 SW 127 AVE STE 2114	Principal <u>street</u> address	Egno Street	Mailing address, if different is:
MAMI, FL 33183		MIAMI FL	
	······································	<del></del>	
ARTICLE III PURPO	OSE		
The purpose for which the	ne corporation is organized is: AN	Y AND ALL LAWFUL BUSINE	ESS
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	<del></del>		
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			<del></del>
	L OFFICERS AND/OR DIRECT		FRANKLIN VALENCIA- VICEPRESIDENTE
Name and Title		Name and Titl	e:
Address	5600 SW 127 AVE STE 2114	Address:	5500 SW 127 AVE STE 2114
	MIAMI, FL 33153		MIAWI, Ft. 33183
		<del></del>	7.3
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		<del></del>	
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Address		Address:	
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Address		Address:	
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Name ar	nd Title:	Name and Title:
Addres		Address:
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	LER INTERNATIONAL FIRM, INC	
Address:	8410 W FLAGLER ST STE 204	
	MIAMI, FL 33144	
<u>ARTICLE VII</u>	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	OSCAR LOPEZ	
Address:	8410 W FLAGLER ST STE 204	
	MIAMI, FL 33144	
ARTICLE VIII Effective date, if (If an effective of filing.)	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and cannot	. (OPTIONAL) be more than five days prior or 90 days after the
Note: If the date the document's of	e inserted in this block does not meet the applicable effective date on the Department of State's records.	statutory filing requirements, this date will not be listed as
Having been not certificate, I am	ned as registered agant to accept service of process full familiar with and accept the appointment as registered.  Rechaired Signature/Registered Agent	r the above stated corporation at the place designated in this education and agree to act in this capacity.  2 15 223  Date
I submit this do document to the	1	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
Required Signat	ure/Incorporator	Date Date