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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : TAX S PRO CORP
Account Number : 120200000147
Phone : (786)307-2733
Fax Number : (954)420-7118

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

Email Address: **INFO@TAXSPRO.COM**

**FLORIDA PROFIT/NON PROFIT CORPORATION
CRUZ C BROTHERS CORP**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

2024 FEB 12 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: CRUZ C BROTHERS 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: TAXS PRO
CORP
Name (Printed or typed)

8030 PINES BLVD
Address

PEMBROKE PINES, FLORIDA
33024 City, State & Zip

786-3072733
Daytime Telephone number

INFO@TAXSPRO.COM
E-mail address: (to be used for future annual report notification)

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: **CRUZ C BROTHERS CORP**

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
15610 NW 39TH PL 15610 NW 39TH PL
OPA LOCKA, FL 33054 OPA LOCKA, FL 33054

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: _____
Address **PRESIDENT** Address: _____
CARBALLIDO CRUZ, OSNIEL

Address 15610 NW 39TH PL Name and Title: _____
OPA LOCKA, FL 33054 Address: _____

VP

Name and Title: **CARBALLIDO CRUZ, OSMAY** Address: _____
Address **15610 NW 39TH PL** Address: _____
OPA LOCKA, FL 33054

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SECRETARY OF STATE
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: TAX S PRO CORP
Address: 8030 PINES BLVD
PEMBROKE PINES , FL 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Address: TAX S PRO CORP
8030 PINES BLVD
PEMBROKE PINES , FL 33024

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/10/2024 (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

02/10/2024
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

02/10/2024
Date