

P25000000057

(Requestor's Name)

(Address)

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PICK-UP WAIT MAIL

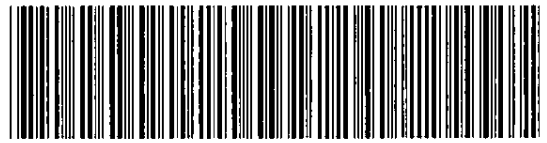
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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78.15

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
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INC

2028 DEC 30 11 59:47
STATION

1. AXAR SUMINISTTROS CORP
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

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

SUBJECT: AXAR SUMINISTROS 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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status

ADDITIONAL COPY REQUIRED

2025 FEB 20 11:05 AM

FROM: ALFREDO HERNANDEZ SANCHEZ
Name (Printed or typed)

410 SE 2ND ST APT 202
Address

HALLANDALE, FL 33009
City, State & Zip

786-659-7333
Daytime Telephone number

AHS7@ME.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: AXAR SUMINISTROS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

2023 DEC 30 11:34:47

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTIAN E. CUARTAS HERNANDEZ, PRESIDENT

Name and Title: JORGE A. ROCA KAUFFMANN, VICE PRESIDENT

Address 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Address: 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Name and Title: ALFREDO HERNANDEZ SANCHEZ, T, S

Name and Title: _____

Address 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: ALFREDO HERNANDEZ SANCHEZ
Address: 410 SE 2ND ST APT 202
HALLANDALE, FL 33009

ARTICLE VII INCORPORATOR

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

Name: ADA F BRAVO
Address: 18501 PINES BLVD STE 105
PEMBROKE PINES FL 33029

2024 DEC 30 11:09:47

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/01/2025. (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

Alfredo Hernandez Sanchez 12/30/2024
Required Signature/Registered Agent 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.

Ada F Bravo 12/30/2024
Required Signature/Incorporator Date

CANCELLATION OF PARTNERSHIP REGISTRATION

Pursuant to section 620.8105(7), Florida Statutes, this partnership submits the following cancellation:

(Note: A cancellation of a partnership registration cannot be filed with the Florida Department of State unless the partnership registration was previously filed and is of record with this office.)

FIRST: The name of the partnership is: SRV Holdings (f/k/a Lennar Land Partners II)

SECOND: The partnership was registered with the Florida Department of State on 6/28/99
and assigned registration number 9900000595

THIRD: The purpose of this document is to cancel this partnership's registration.

FOURTH: Effective date, if other than the date of filing: December 20, 2024
(Effective date cannot be prior to the date of filing nor more than 90 days after the date of filing.)

The execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

I am aware that any 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.

Signed this 23rd day of December, 2024



Signatures of a partner or authorized person: _____

Typed or printed name of person signing above: Peter Krogh

Filing Fee:	\$25.00
Certified copy:	\$52.50 (optional)
Certificate of Status:	\$ 8.75 (optional)

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((EGP240000097 2))



EGP2400000972ABCO

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To:

Division of Corporations
Fax Number : 850-617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

CANCELLATION

SRV HOLDINGS

Affected Number	GP9900000595
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00