

POS000136542

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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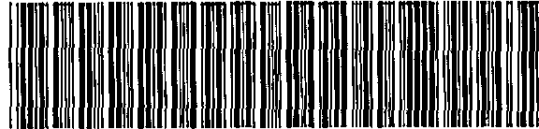
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 06 2005

W05-44352

FROM :

FAX NO. :

Jan. 21 2005 07:08AM P3

TRANSMITTAL LETTER

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

SUBJECT:

CB DESIGNS, INC.
(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

FROM:

CARRIE BERGMAN
Name (Printed or typed)

20225 NE 34TH CT # 1114
Address

AVENTURA FLORIDA 33180
City, State & Zip

305-975-8645
Daytime Telephone number

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

CB DESIGNS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20225 NE 34TH CT. #1114
AVENTURA, FL 33180**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

INTERIOR DESIGN FIRM

ARTICLE IV SHARES

The number of shares of stock is:

X 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARRIE BERGMAN - OWNER

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

DR. CRAIG AUGUST
3444 NE 16TH ST
N. MIAMI BEACH, FL 33160**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CARRIE BERGMAN
20225 NE 34TH CT #1114
AVENTURA, FL 33180

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TAI AHOSSER, FLOPIA