

Handwritten ID: **F09000080295**

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.

(((H09000209303 3)))



H090002093033ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
 Account Name : DORAL CORPORATE FILING SERVICE
 Account Number : I20070000081
 Phone : (305) 436-0979
 Fax Number : (305) 592-5575

2009 SEP 28 P 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA PROFIT/NON PROFIT CORPORATION

C BO VISIONS, CORP.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

09 SEP 28 AM 8:09

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten notes: 60-68-6, 022

H09000209303

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: **C BO VISIONS, CORP.**

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
2415 NW 97TH AVE
Doral, Florida 33172

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

List name(s), address(es) and specific title(s):
(P) Edward Bussiere -2415 NW 97TH AVE doral, FI 33172

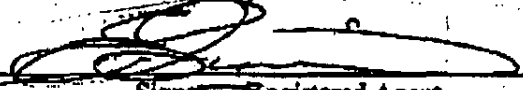
ARTICLE VI REGISTERED AGENT


The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Edward Bussiere -2415 NW 97TH AVE doral, FI 33172

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Edward Bussiere -2415 NW 97TH AVE doral, FI 33172

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


Signature/Incorporator

09/28/2009
Date
09/28/2009
Date

2009 SEP 28 P 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H09000209303