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(Requestor's Name) 35 M To Jouwer J Doz (Address)					
Phenix C.J. 196869					
850 - 557 · S Z 6 9 (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
CEB Transformations Juc. (Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: C & B Transformations Inc. Name of Corporation - must include suffix
Dear Sir or Madam:
The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.
Please return all correspondence concerning this matter to the following:
Chachwick Hobbs Name of Person
Firm/Company
35 Meciclowwood Dr Address Phenix City, Al 36869 City/State and Zip Code
• • • • • • • • • • • • • • • • • • •
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Chael Hobbs at (850) S57-S269 Name of Person Area Code Daytime Telephone Number
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$70.00 Filing Fee \$\square\$ \$578.75 Filing Fee & \$\square\$ \$578.75 Filing Fee & \$\square\$ Certificate of Status & \$\square\$ Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Salar Sa

f name unavail	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting business in r	florida)
Alc	3	84.4485678	
01.30	1 - 2020 5	(Day of Lording 15 street law as 19	
(Date	of incorporation)	(Date of duration, if other than perpetual))
35 Me	adowwood Dr. Pheni	2, F.S., to determine penalty liability) 14 C1+2, AL 36869 2 street address)	
35 Me	adowwood Dr. Phenical office	x City AL 36869 street address)	——
35 Me	adowwood Dr. Phenical office	X Citz, AL 36869	7020 F
	adowwood Dr. Phenical office	street address) address, if different)	2020 FEB 10
	adowwood Dr. Phen. (Principal office) (Current mailing a	street address) address, if different) Box NOT acceptable)	သ
Name and <u>stre</u> Name:	(Principal office) (Current mailing a set address of Florida registered agent: (P.O. I	address. if different) Box NOT acceptable)	13 PH
Name and <u>stre</u>	et address of Florida registered agent: (P.O. B. Chadwick Hobbs	street address) address. if different) Box NOT acceptable)	<u></u>

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with any accept the obligations of my-position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	NameChadwick Hobbs	□ Chairman	Name:			
□Vice Chairman	Address: 35 Macclowwood	□Vice Chairman	Address:			
□Director	Dr. Phenix	[]Director				
President	City A1 36869	□President				
□Vice President		□Vice President				
□Secretary	☑ Treasurer	□Secretary		□Treasurer		
Other		□Other	<u></u>	□Other		
□Chairman	Name: Brittony 5 Hobbs Address: 35 Meadowwood	□Chairman				
	Dr. Phenix City	□Director				
	AL 36869	□President				
√Vice President		□Vice President				
Z Secretary	□Treasurer	□Secretary		□Treasurer		
□Other		□Other		□Other		
□Chairman □Vice Chairman	Name:	□Chairman □Vice Chairman		ω		
□Director		Director		. <u>.</u> .		
□President		□President		.22		
□Vice President		□Vice President				
☐ Secretary	□Treasurer	□Secretary		□Treasurer		
□Other	□Other	□Other		□Other		
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer						

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

(Typed or printed name and capacity of person signing application)

John H. Merrill Secretary of State

P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that C & B Transformations INC. was formed in Alabama, Alabama on January 28, 2020. The Alabama Entity Identification number for this entity is 599-383. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

02/13/2020

Date

J. W. Menill

John H. Merrill

Secretary of State