

PO3000023191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

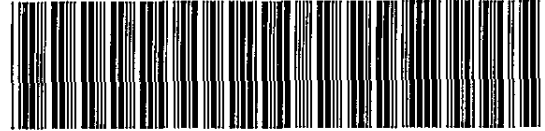
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000012453070

02/24/03--01018--011 **393.75

RECEIVED
03 FEB 24 PM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 FEB 24 PM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
03 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EXPRESS CORPORATE FILING SERVICE INC.

Requestor's Name

1000 PONCE DE LEON BLVD. SUITE:101

Address

CORAL GABLES, FL 33134 (305) 444-4994

City/State/Zip

Phone #

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. CSF CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☐ Walk in

☒ Pick up time

☒ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Ken Detzner
Secretary of State

February 24, 2003

EXPRESS CORPORATE FILING SERVICE

SUBJECT: CSF CORPORATION
Ref. Number: W03000005345

We have received your document for CSF CORPORATION and your check(s) totaling \$393.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist
New Filing Section

Letter Number: 803A00011836

RECEIVED
03 FEB 26 PM 12
DIVISION OF CORPORATIONS

**ARTICLES OF INCORPORATION
OF**

CSF & ASSOCIATES CORP.

FILED
03 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED SUBSCRIBER (S) TO THESE ARTICLES OF INCORPORATION, NATURAL PERSON (S) COMPETENT TO CONTRACT, HEREBY FORM A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

ARTICLE I – CORPORATE NAME

THE CORPORATE NAME OF THE CORPORATION IS:

CSF & ASSOCIATES CORP.

ARTICLE II – PRINCIPAL OFFICE

P.O. BOX 524274, MIAMI, FL. 33152-4274

ARTICLE III – PURPOSE

THE CORPORATION IS ORGANIZED FOR THE PURPOSE OF ENGAGING IN ANY ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV – CAPITAL STOCK

THE CORPORATION IS AUTHORIZED TO ISSUE ONE HUNDRED SHARES (100) OF ONE DOLLAR (S) \$1.00 PAR VALUE COMMON STOCK, WHICH SHALL BE DESIGNATED "COMMON SHARES". TO BE DISTRIBUTED AS FOLLOW: **MANUEL C. CASTAÑEDO 100%.**

ARTICLE V – INITIAL REGISTER OFFICE AND AGENT

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTER AGENT OF THIS CORPORATION IS:

NAME	: JUANA M. CASTAÑEDO
ADDRESS	: 12910 S.W. 119 ST.
CITY/STATE	: MIAMI, FL. 33186

I JUANA M. CASTAÑEDO HEREBY AM FAMILIAR WITH AND ACCEPT THE DUTIES AND RESPONSIBILITIES AS REGISTER AGENT FOR SAID CORPORATION.



JUANA M. CASTAÑEDO (SEAL)

ARTICLE VI – INITIAL BOARD OF DIRECTORS

THIS CORPORATION SHALL HAVE (1) DIRECTOR (S) INITIALLY. THE NUMBER OF DIRECTORS MAY EITHER INCREASED OR DIMINISHED FROM TIME TO TIME BY THE BYLAWS, BUT SHALL NEVER BE LESS THAN ONE (1). THE NAME AND ADDRESSES OF THE INITIAL DIRECTOR (S) OF THE CORPORATION ARE AS FOLLOWS:

NAME	: MANUEL C. CASTAÑEDO	TITLE: PRESIDENT / SECRETARY
ADDRESS	: P.O. BOX 524274	
CITY/STATE	: MIAMI, FL. 33152-4274	
NAME	:	TITLE:
ADDRESS	:	
CITY/STATE	:	

ARTICLE VII – INCORPORATORS

THE NAMES AND ADDRESSES OF THE PERSON (S) SIGNING THESE ARTICLES OF INCORPORATION ARE AS FOLLOWS:

NAME	: MANUEL C. CASTAÑEDO	TITLE: PRESIDENT / SECRETARY
ADDRESS	: P.O. BOX 524274	
CITY/STATE	: MIAMI, FL. 33152-4274	
NAME	:	TITLE:
ADDRESS	:	
CITY/STATE	:	

IN WITNESS WHEREOF, THE UNDERSIGNED SUBSCRIBER (S) HAVE EXECUTED THESE ARTICLES OF INCORPORATION THIS 15th DAY OF JANUARY 2003.



MANUEL C. CASTAÑEDO (SEAL)

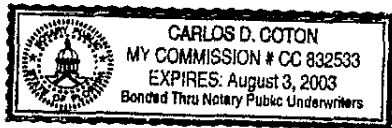
(SEAL)

STATE OF FLORIDA)
COUNTY OF DADE)

BEFORE ME, A NOTARY PUBLIC AUTHORIZED TO TAKE ACKNOWLEDGMENTS IN THE STATE
AND COUNTY SET FORTH ABOVE, PERSONALLY APPEARED MAUEL C. CASTAÑEDO

KNOWN TO ME AND KNOWN TO BE THE PERSON (S) WHO EXECUTED THE FORGOING
ARTICLES OF INCORPORATION, AND WHO ACKNOWLEDGED BEFORE ME THAT HE / SHE
EXECUTED THESE ARTICLES OF INCORPORATION.

IN WITNESS WHEREOF, I HAVE HEREUNTO AFFIXED MY HAND SEAL, IN THE STATE AND
COUNTY AFORESAID, THIS 15th DAY OF JANUARY 2003.




NOTARY PUBLIC

MY COMMISSION EXPIRES: 8/03/03

SEAL

FILED
03 FEB 26 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA