

P03000025402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

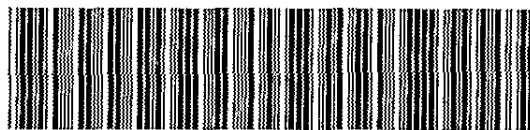
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 MAR -3 PM 1:46
SECOND JUDICIAL DISTRICT
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Casbran 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: CLAUDIA MICHELLE EAKLES
Name (Printed or typed)

1103 BURTON ST. N.
Address

PLANT CITY, FL 33566
City, State & Zip

(813) 659-4953
Daytime Telephone number

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:

Casbran Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2303 JAMES REDMAN PKWY UNIT G
PLANT CITY, FL 33566

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

AUTO REPAIR

ARTICLE IV SHARES

The number of shares of stock is:

2

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

CLAUDIA MICHELLE EAKLES
1103 BURTON ST.
PLANT CITY, FL 33566
OWNER

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

CLAUDIA MICHELLE EAKLES
1103 BURTON ST. N.
PLANT CITY, FL 33566

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CLAUDIA MICHELLE EAKLES
1103 BURTON ST. N.
PLANT CITY, FL 33566

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

Claudia Michelle Eakles
Signature/Registered Agent

5/18/02
Date

Claudia Michelle Eakles
Signature/Incorporator

5/18/02
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA