

PD30000029943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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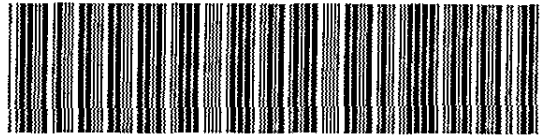
(Business Entity Name)

(Document Number)

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03 MAR 12 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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4/1 3/14

TRANSMITTAL LETTER

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

SUBJECT: ColeKade Services, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Barry Bandler, E.A., P.A.
Name (Printed or typed)

9963 Three Lakes Circle
Address

Boca Raton, FL 33428-6207
City, State & Zip

561-470-9396
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

ARTICLE 1 NAME

The name of the corporation shall be: Colekade Services, Inc..

ARTICLE 11 PRINCIPAL OFFICE

The principal place of business/mailling address is: 2662 N.W. 33rd Street, # 2506
Fort Lauderdale, FL 33309

ARTICLE 111 PURPOSE

The purpose for which the corporation is organized is: Bookkeeping Services

ARTICLE 1V SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS

Pam McCord, President
2662 N.W. 33rd Street, # 2506
Fort Lauderdale, FL 33309


ARTICLE VI REGISTERED AGENT

Pam McCord
2662 N.W. 33rd Street, # 2506
Fort Lauderdale, FL 33309

ARTICLE VI1 INCORPORATOR

Pam McCord
2662 N.W. 33rd Street, # 2506
Fort Lauderdale, FL 33309

Having been named as registered agent to accept service of process for the above stated corporation at the place designed in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent

3/5/03
Date


Signature/Incorporator

3/5/03
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA