

P05000035177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Cdomingo 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: Christian Domingo

Name (Printed or typed)

1408 Oakford ct

Address

Brandon, Florida 33511

City, State & Zip

813-846-6457 / 813-651-2302

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Cdomingo Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1408 Oakford ct Brandon ,Florida 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To install satellite and home entertainment systems.

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

President/ Christian Domingo

Vice President/ Yashira Domingo

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Christian Domingo

1408 Oakford ct Brandon, Florida 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christian Domingo

1408 Oakford ct Brandon, Florida 33511

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



Date



Date

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CLERK OF STATE
TALLAHASSEE, FLORIDA