

PD5000069460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

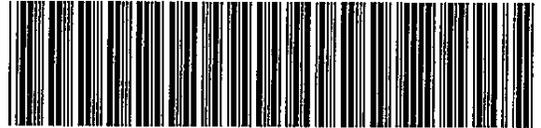
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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FILED
05 MAY 11 AM 9:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/14/05
BWK

TRANSMITTAL LETTER

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

SUBJECT: CORBAN PROFESSIONAL SERVICES, CORP.
(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: Karen Salinas
Name (Printed or typed)

8964 W. Flagler Street Apt. 219
Address

Miami, Florida 33174
City, State & Zip

786-355-3342
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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

CORBAN PROFESSIONAL SERVICES, CORP.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

8964 W. Flagler Street Apt 219
Miami, FL 33174

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all legal business allowed to be transacted in Florida and any other state of the union.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Karen Salinas
8964 W. Flagler Street Apt 219
Miami, FL 33174

ARTICLE VI REGISTERED AGENT

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

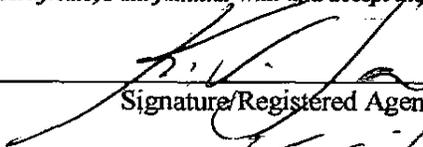
Karen Salinas
8964 W. Flagler Street Apt 219
Miami, FL 33174

ARTICLE VII INCORPORATOR

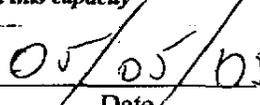
The name and address of the Incorporator is:

Karen Salinas
8964 W. Flagler Street Apt 219
Miami, FL 33174

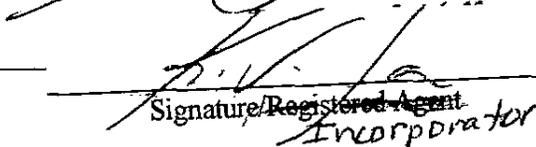
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Registered Agent
Incorporator

Date