

P05000121266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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(Business Entity Name)

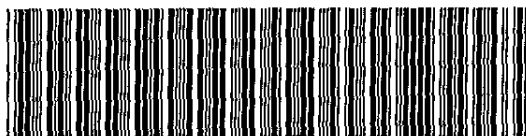
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** CJD PARTNERS, 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: CHRISTOPHER J. DEPAOLI

Name (Printed or typed)

501 DOTTEREL ROAD # 28A

Address

DELRAY BEACH, FL 33444

City, State & Zip

561-901-8758

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:

CJD PARTNERS, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

501 DOTTEREL ROAD #28A, DELRAY BEACH, FLORIDA 33444

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANYTHING LEGAL

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTOPHER J. DEPAOLI - DIRECTOR & PRESIDENT  
501 DOTTEREL ROAD #28A  
DELRAY BEACH, FL 33444

## ARTICLE VI REGISTERED AGENT

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

CHRISTOPHER J. DEPAOLI  
501 DOTTEREL ROAD #28A  
DELRAY BEACH, FL 33444


## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER J. DEPAOLI  
501 DOTTEREL ROAD #28A  
DELRAY BEACH, FL 33444


\*\*\*\*\*

*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

AUGUST 30, 2005

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

AUGUST 30, 2005

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA