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☐ PICK-UP

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(Business Entity Name)

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05 SEP 30 AM 11:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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05 SEP 30 PM 3:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

10/4/05

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

C.L.B. Fences, Inc.

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

☒ Art of Inc. File

☐ LTD Partnership File

☐ Foreign Corp. File

☐ L.C. File

☐ Fictitious Name File

☐ Trade/Service Mark

☐ Merger File

☐ Art. of Amend. File

☐ RA Resignation

☐ Dissolution / Withdrawal

☒ Annual Report / Reinstatement

☒ Cert. Copy

☐ Photo Copy

☐ Certificate of Good Standing

☐ Certificate of Status

☐ Certificate of Fictitious Name

☐ Corp Record Search

☐ Officer Search

☐ Fictitious Search

☐ Fictitious Owner Search

☐ Vehicle Search

☐ Driving Record

☐ UCC 1 or 3 File

☐ UCC 11 Search

☐ UCC 11 Retrieval

☐ Courier

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

*C.L.B. Fences, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*7028 S.W. 106<sup>th</sup> Place  
Miami, FL. 33173*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Any and all lawful business.*

**ARTICLE IV SHARES**

The number of shares of stock is:

*1*

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

**ARTICLE VI REGISTERED AGENT**

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

*Omar Lopez  
7028 S.W. 106<sup>th</sup> Place  
Miami, FL. 33173*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*O. Ramiro Lopez  
7028 S.W. 106<sup>th</sup> Place  
Miami, FL. 33173*

\*\*\*\*\*  
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

*O. Ramiro Lopez*  
\_\_\_\_\_  
Signature/Registered Agent

*9/30/05*  
\_\_\_\_\_  
Date

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*9/30/05*  
\_\_\_\_\_  
Date