

PD7000022138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

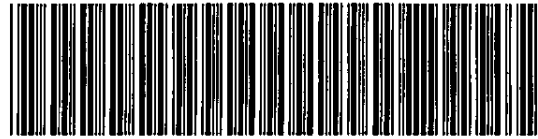
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400088422684

02/19/07--01008--013 **78.75

FILED
07 FEB 19 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mirb
2/20

COVER LETTER

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

SUBJECT: C Q Industries, 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: Craig Perkins

Name (Printed or typed)

14036 43rd Road North

Address

Loxahatchee, FL 33470

City, State & Zip

561-248-0299

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:

C Q Industries, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

14036 43rd Road North
Loxahatchee, FL 33470

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:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Craig J. Perkins
14036 43rd Road North
Loxahatchee, FL 33470

ARTICLE VI REGISTERED AGENT

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

Craig J. Perkins
14036 43rd Road North
Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Craig J. Perkins
14036 43rd Road North
Loxahatchee, FL 33470

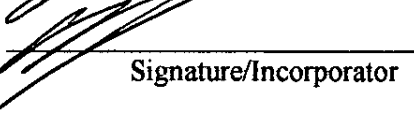
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02/09/2007

Date



Signature/Incorporator

02/09/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPLICATION FOR REGISTRATION OF FICTITIOUS NAME

Note: Acknowledgements/certificates will be sent to the address in Section 1 only.

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07 FEB 19 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Section 1

1. ~~Anderson & Cooper Enterprises~~
Fictitious Name to be Registered (see instructions if name includes "Corp" or "Inc")

Palm Beach Redesign

133 Hamilton Terrace

Mailing Address of Business

West Palm Beach FL 33414

City

State

Zip Code

3. Florida County of principal place of business: _____

Palm Beach

(see instructions if more than one county)

~~01/16/07--01038--007~~ **137.50

This space for office use only

Section 2

A. Owner(s) of Fictitious Name If Individual(s): (Use an attachment if necessary):

1. Cooper Michael L
Last First M.I.
133 Hamilton Terrace
Address
West Palm Beach FL 33414
City State Zip Code

2. Anderson Regina M
Last First M.I.
133 Hamilton Terrace
Address
West Palm Beach FL 33414
City State Zip Code

B. Owner(s) of Fictitious Name If other than an individual: (Use attachment if necessary):

1. _____
Entity Name

Address

City State Zip Code
Florida Registration Number _____
FEI Number: _____
☐ Applied for ☐ Not Applicable

2. _____
Entity Name
~~01/16/07--01038--007~~
Address
~~01/16/07--01038--007~~
City State Zip Code
Florida Registration Number _____
FEI Number: _____
☐ Applied for ☐ Not Applicable

Section 3

I (we) the undersigned, being the sole (all the) party(ies) owning interest in the above fictitious name, certify that the information indicated on this form is true and accurate. In accordance with Section 865.09, F.S., I (we) understand that the signature(s) below shall have the same legal effect as if made under oath. (At Least One Signature Required)

Michael L Cooper 01/09/07
Signature of Owner Date

Phone Number: 561-790-3653

Regina M. Anderson 1/9/07
Signature of Owner Date

Phone Number: 561-790-3653

Section 4

FOR CANCELLATION COMPLETE SECTION 4 ONLY: FOR FICTITIOUS NAME OR OWNERSHIP CHANGE COMPLETE SECTIONS 1 THROUGH 4:

I (we) the undersigned, hereby cancel the fictitious name _____
_____, which was registered on _____ and was assigned
registration number _____

Signature of Owner

Date

Signature of Owner

Date

Mark the applicable boxes ☐ Certificate of Status — \$10 ☐ Certified Copy — \$30

NON-REFUNDABLE PROCESSING FEE: \$50

Single CR4E001 (11/03)

MRS 2/20