

PD8000066378

(Requestor's Name)

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(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2008 JUL 14 A 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 15 2008  
D.A. WHITE

## COVER LETTER

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

**SUBJECT:** Cobad Corporation

(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:** Keith Kramer

Name (Printed or typed)

18459 NW 9th Street

Address

Pembroke Pines FL 33029

City, State & Zip

954-252-1003

Daytime Telephone number

**NOTE:** Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2008

KEITH KRAMER  
18459 NW 9TH STREET  
PEMBROKE PINES, FL 33029

SUBJECT: COBAD CORPORATION  
Ref. Number: W08000031862

We have received your document for COBAD CORPORATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated in your document is not an active entity according to our records. Please reinstate this entity (call (850) 245-6059 for information) or designate another entity that is active according to our records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White  
Regulatory Specialist II  
New Filing Section

Letter Number: 608A00039630

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

Cobad Corporation

2008 JUL 14 A 7:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

12399 SW 53rd Street, Cooper City, FL, 33330, Suite 102

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Profit

**ARTICLE IV SHARES**

The number of shares of stock is:

One (1) Million Shares

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Keith Kramer President  
18459 NW 9th Street  
Pembroke Pines FL 33029

**ARTICLE VI REGISTERED AGENT**

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

Alan Gold  
1501 Sunset Drive 2nd Floor  
Coral Gables, FL 33143

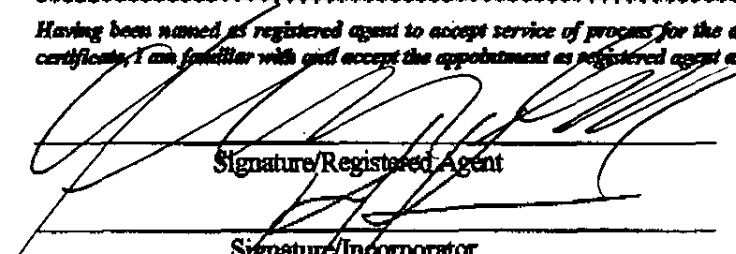
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Keith Kramer  
18459 NW 9 Street  
Pembroke Pines FL 33029

\*\*\*\*\*

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

6/26/08  
\_\_\_\_\_  
Date

6/26/08  
\_\_\_\_\_  
Date