

P08000083680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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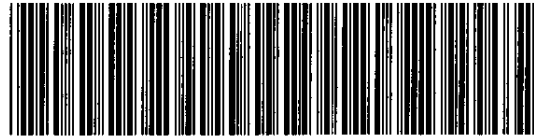
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2008 SEP 10 PM 12:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08.9-11

## COVER LETTER

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

SUBJECT: Cabanablue 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: William C Cox  
Name (Printed or typed)

4119 Wilcrest Circle W  
Address

Jacksonville, Florida 32277  
City, State & Zip

912-399-8888  
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION**

Of

Cabanablu Inc.

2008 SEP 10 PM 12:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article I - NAME.**

The name of the corporation shall be: Cabanablu Inc.

**Article II – PRINCIPAL OFFICE.**

The principal street address is:

4119 Wilcrest Circle W  
Jacksonville, Florida 32277

And mailing address is:

PO Box 350458  
Jacksonville, Florida 32235

**Article III - PURPOSE.**

The purpose for which the corporation is organized is:

To offer consulting services businesses and individuals for profit

**Article IV - SHARES.**

The corporation is authorized to issue 100,000 shares.

**Article V – INITIAL OFFICERS.**

The initial CEO, Treasurer and Secretary shall be:

William C. Cox  
4119 Wilcrest Circle W  
Jacksonville, Florida 32277

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**Article VI – REGISTERED AGENT.**

The name and address of the registered agent shall be:

William C. Cox  
4119 Wilcrest Circle W  
Jacksonville, Florida 32277

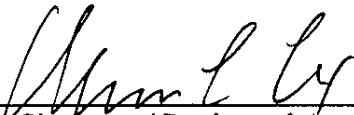
**Article VII – INCORPORATOR.**

The name and address of the incorporator shall be:

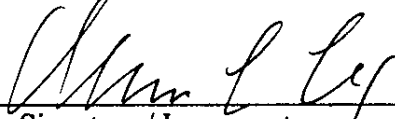
William C. Cox  
4119 Wilcrest Circle W  
Jacksonville, Florida 32277

\*\*\*\*\*

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

9-5-08  
Date

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

9-5-08  
Date