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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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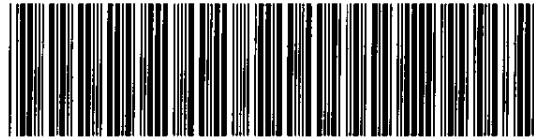
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08 SEP 29 PM 11:05
SECURITY STATE
TALLAHASSEE, FL 32301

PA

TRANSMITTAL LETTER

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

SUBJECT: CMB Independent Living, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Anthony Moss
Name (Printed or typed)

1470 NE 155 Terrace
Address

North Miami Beach FL 33162
City, State & Zip

954 298-0547
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:

CMB, Independent Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1470 NE 155th Terr, North Miami Beach FL 33162

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A homeless Supported independent Living environment

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

COLIN M. BETTY - DIRECTOR
NICKY CAMERON - ASST. DIRECTOR
ANTHONY MOSS - OPERATIONS OFFICER

ARTICLE VI REGISTERED AGENT

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

COLIN M. BETTY
13392 NW 7th Street, Plantation FL 33325

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ANTHONY MOSS, 1470 NE 155 Terr.
North Miami Beach FL 33162

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

Colin M. Betty
Signature/Registered Agent

09/14/08
Date

Anthony Moss
Signature/Incorporator

09/14/08
Date

FILED
08 SEP 29 PM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA