P08000111622

(Requestor's Name)

_____

(Address)

_____

(Address)

_____

(City/State/Zip/Phone #)

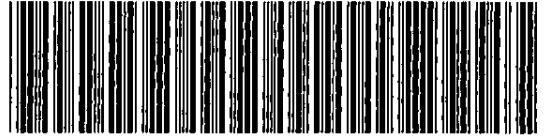☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____

(Business Entity Name)

_____

(Document Number)

Certified Copies _____   Certificates of Status _____

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COVER LETTER

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

SUBJECT: _C N P   RAINBOW FEVER INC,_
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ $70.00   ☐ $78.75   ☐ $78.75   ☑ $87.50
Filing Fee   Filing Fee   Filing Fee   Filing Fee,
             & Certificate of Status   & Certified Copy   Certified Copy
                                                          & Certificate of
                                                          Status
                                       ADDITIONAL COPY REQUIRED

FROM: _____CLAUDIA ROJAS_____
Name (Printed or typed)

_____14431 SW 285 ST_____
Address

_____HOMESTEAD, FL 33033_____
City, State & Zip

_____(305) 397 4023_____
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:

CNP RAINBOW FEVER INC.

ARTICLE II   PRINCIPAL OFFICE
The principal **street** address and mailing address, if different is:

14431 SW 285th ST
HOMESTEAD, FL 33033

ARTICLE III   PURPOSE
The purpose for which the corporation is organized is:

TRANSAC AND ALL LAWFUL BUSNESS

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):

① CLAUDIA M. ROJAS, 14431 SW 285th ST, PRESIDENT
HOMESTEAD, FL 33033

② PAULETTE J. DOMINGUEZ, 14431 SW 285th ST, VICE-PRESIDENT
HOMESTEAD, FL 33033

ARTICLE VI   REGISTERED AGENT
The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:
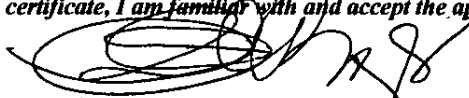
CLAUDIA ROJAS
14431 SW 285 ST
HOMESTEAD, FL 33033.

ARTICLE VII   INCORPORATOR
The **name and address** of the Incorporator is:

CLAUDIA ROJAS
14431 SW 285 ST
HOMESTEAD, FL 33033

****

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

12/08/08
Date

_____
Signature/Incorporator

12/08/08
Date