P0900091676

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bı	ısiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	•	
	•	

i 1

Office Use Only

59 -W9-49214



400162066474

11/05/09--01002--023 **78.75

DEPAR GENERAL OF STATE OF STAT

DIVISION OF CORPORATION OF STATE OF STA

द्र गीळ्यीळ

LAZARUS

CORPORATE FILING SERVICE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2009 NOV -6 PM 12: 19

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Corporation Name Cocument #			Office Use Only
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corpo	RATION NAME(S) & DOC	'UMENT NUMBER(S), (if known):
(Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name) (Corporation Name) (Document #) (Corporation Name) (Corporation Name)	COBEM	Corp.	•
(Corporation Name) (Cocument #) (Cocum	(Corporation Name)	(Document #)	······································
(Corporation Name) (Cocument #) (Cocument			
(Corporation Name) (Corpo	(Corporation Name)	(Document #)	
(Corporation Name) (Corpo			·
(Corporation Name) (Corpo	(Corporation Name)	(Document #)	
Valk in Pick up time Photocopy Certified Copy fail out Will wait Photocopy Certificate of Statu AMENDMENTS		•	
Valk in Pick up time Photocopy Certified Copy fail out Will wait Photocopy Certificate of Statu AMENDMENTS offit Resignation of R.A., Officer/Director mited Liability Change of Registered Agent omestication ther Dissolution/Withdrawal merger ER FILINGS nnual Report ctitious Name Trademark Certified Copy Certified Copy Certificate of Statu AMENDMENTS Resignation of R.A., Officer/Director Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION	76		
### Photocopy	•		
FILINGS AMENDMENTS Tofit Of for Profit Interest and the profit Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger REGISTRATION/QUALIFICATION Proreign Limited Partnership Reinstatement Trademark	Valk in Pick up time	2.66	Certified Copy
Amendment Of for Profit Of Resignation of R.A., Officer/Director Change of Registered Agent Officer/Director Officer/O	fail out	Photocopy	Certificate of Status
nnual Report ctitious Name Foreign Limited Partnership Reinstatement Trademark	ofit ot for Profit mited Liability omestication	Amendment Resignation of Change of Reg Dissolution/Wi	istered Agent
Limited Partnership Reinstatement Trademark	R FILINGS	REGISTRATION	<u>/QUALIFICATION</u>
		Limited Partne Reinstatement Trademark	
Examiner's Initials	•		



SECRETARY OF STATE
DIVISION OF CORPORATIONS

2009 NOV -6 PM 12: 19

November 5, 2009

LAZARUS CORPORATE FILING SERVICE

SUBJECT: COBEM, CORP. Ref. Number: W09000049214

We have received your document for COBEM, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2010 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6973.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 009A00034896

O9 NOV -6 PM 4: O4

ARTICLES OF INCORPORATION

FILED SECRETARY OF STATE DIVISION OF CORPORATION

OF

2009 NOV -6 PM 12: 19

COBEM, CORP

THE UNDERSIGNED, has executed the following document as incorporator of the above name corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the law of the State of Florida.

ARTICLE I

The name of this Corporation shall be: COBEM, CORP

ARTICLE II

The principal place of business and mailing address of this corporation shall be:

1451 WEST 43 PLACE SUITE 3 HIALEAH, FLORIDA 33012

The numbers of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundreds (100) of one dollar(s) (\$1.00)

ARTICLE IV

The name and address of the initial registered agent is:

ADA SUAREZ 1451 W 43 PLACE STE 3 HIALEAH, FLORIDA 33012

ARTICLES V INCORPORATORS (S)

The name (s) and street address of the incorporator (s) to this Article of Incorporation is (are)

ADA SUAREZ 1451 W 43 PL SUITE 3 HIALEAH, FL 33012

ARTICLE VI (DIRECTORS)

ADA SUAREZ - P

The undersigned incorporator (s) has (have) executed these Articles of Incorporation this November 2, 2009

11/2/09

CERTIFICATION OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 6170501, Florida Status, the Undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent, in the State of Florida.

- 1. The name of the Corporation is: **COBEM, CORP**
- 2. The name and address of the registered agent and office is:

ADA SUAREZ 1451 W 43 PLACE SUITE 3 HIALEAH, FLORIDA 33012

HAVING BEEN NAME AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE

11/2/09