

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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(((H10000001994 3)))



H100000019943ABCV

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To:

Division of Corporations  
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CCS & ASSOCIATES, INC.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

2010 JAN -5 PM 4:34  
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RECEIVED  
10 JAN 12 PM 1:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

18 JAN 18 2010  
101015/2010

JAN. 12. 2010- 10:52AM

COVER LETTER

H10000001994

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

SUBJECT: CCS & COMPANY, 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: CARLOS M. FARAH, CPA  
Name (Printed or typed)

898 PONCE DE LEON BLVD, SUITE 825  
Address

CORAL GABLES, FLORIDA 33134  
City, State & Zip

305-444-0999  
Daytime Telephone number

CARLOS @APPELROUTH.COM  
E-mail address: (to be used for future annual report notification)

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

H10000001994



January 6, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: CCS & ASSOCIATES, INC.  
REF: W10000000551

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The document number of the name conflict is L09000004774--CCS & ASSOCIATES, LLC.

If you have any further questions concerning your document, please call (850) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H10000001994  
Letter Number: 710A00000401

P.O. BOX 6327 - Tallahassee, Florida 32314

JAN. 12. 2010 10:52AM

**ARTICLES OF INCORPORATION**

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

H10000001994

**ARTICLE I NAME**

The name of the corporation shall be:

CCS & COMPANY, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

1890 Wa Kee Na Drive  
Miami, Florida 33133-2444

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Property Appraiser - PLEASE MAKE EFFECTIVE DATE OF BUSINESS JAN. 01, 2010.

**ARTICLE IV SHARES**

The number of shares of stock is:

1000 Shares - \$1.00 Par Value

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

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

Carolyn C. Simmons - D/P/S/T  
1890 Wa Kee Na Drive  
Miami, Florida 33133-2444

**ARTICLE VI REGISTERED AGENT**

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

Carolyn C. Simmons  
1890 Wa Kee Na Drive  
Miami, Florida 33133-2444

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carolyn C. Simmons  
1890 Wa Kee Na Drive  
Miami, Florida 33133-2444

\*\*\*\*\*

*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*

Carolyn C. Simmons  
Signature/Registered Agent

1/02/2010

Date

Carolyn C. Simmons  
Signature/Incorporator

1/02/2010

Date

H10000001994

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA