

P10000048117

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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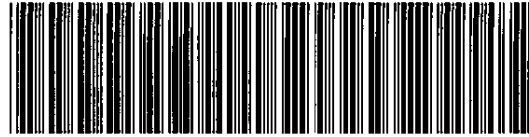
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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06/07/10--01058--022 \*\*78.75

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JUN - 7 PM 1:51

APPROVED  
AND  
FILED

VH

## COVER LETTER

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

SUBJECT: CBK FLORIDA CONSULTING, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Pablo Cubeddu

Name (Printed or typed)

5059 NW 114 Place

Address

Doral, FL 33178

City, State & Zip

786-308-8334

Daytime Telephone number

CBKConsulting@gmail.com

E-mail address: (to be used for future annual report notification)

**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:

**CBK FLORIDA CONSULTING, INC**

**ARTICLE II PRINCIPAL OFFICE**

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

5059 NW 114 Place

Doral, FL 33178

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide civil engineering professional consulting services

**ARTICLE IV SHARES**

The number of shares of stock is:

99

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

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

Pablo Cubeddu,	Everton King
5059 NW 114 Pl	9300 NW 81st Court
Doral, FL 33178	TAMARAC, FL 33319
President	Director

**ARTICLE VI REGISTERED AGENT**

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

Marco Biagioni

1135 101street Apt.#5 Bay Harbor Island, FL 33154

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Pablo Cubeddu, 5059 NW 114 Place, Doral, FL 33178

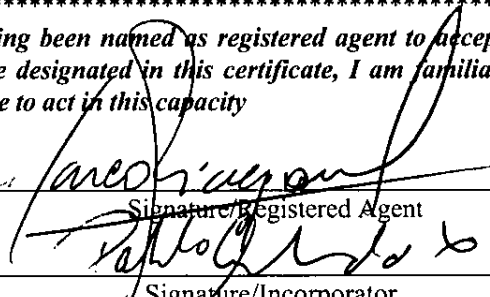
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AND  
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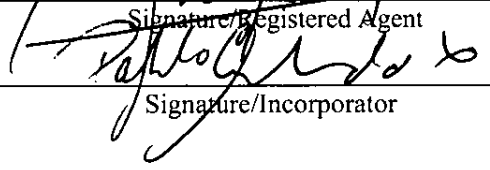
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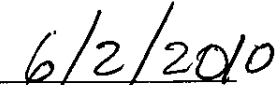
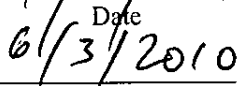
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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

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

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date