

P11000022533

(Requestor's Name)

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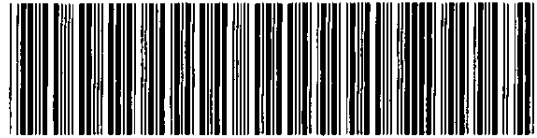
(Business Entity Name)

(Document Number)

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

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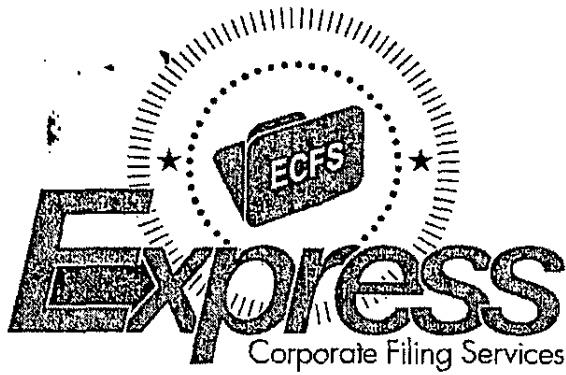
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T. Burch MAR 9 2011



1000 Ponce de Leon Blvd. Suite: 101  
 Coral Gables, FL 33134  
 Phone: 305 444 4994  
 Email- filing@ecfsfiling.com

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. CM BAR, INC. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in    
  Pick-up time    
  Certified Copy  
 Mail out    
 Will wait    
 Photocopy    
 Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials \_\_\_\_\_

**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:

CM BAR, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

2121 PONCE DE LEON BLVD  
STE: 1050  
CORAL GABLES, FL 33134

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

SHARES: 100

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

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

MANUEL CASANAS (P/D)  
2121 PONCE DE LEON BLVD  
STE: 1050  
CORAL GABLES, FL 33134

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

MANUEL CASANAS  
2121 PONCE DE LEON BLVD  
STE: 1050  
CORAL GABLES, FL 33134

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MANUEL CASANAS  
2121 PONCE DE LEON BLVD  
STE: 1050  
CORAL GABLES, FL 33134

\*\*\*\*\*

*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*

*Manuel Casanas*

Signature/Registered Agent

03-07-2011

Date

*Manuel Casanas*

Signature/Incorporator

03-07-2011

Date

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2011 MAR -8 PM 4:41  
MAR 10 2011  
CORAL GABLES, FL 33134