## P11000043369

(Requestor's Name)			
(Address)			
(Address)			
(1888-855)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Cartified Carrier Cartification of Oak			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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SEUNCINKT OF STATE
TAIL AHASSEE, FLORID.

N 05/05/11

## **COVER LETTER**

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

SUBJECT: Cochabella Services Ir	1C.
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
	e (Printed or typed)
<u>16224 sw 15th street</u>	Address
pembroke pines fl 3302	_
305-303-9721  Daytime T	elephone number
jaimecoo@comcast.net E-mail address: (to be use	d 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 II 1	PRINCIPAL OFFICE			
	Principal street address		address, if different is:	
	224 sw 15th street		4	
рe	mbroke pines fl 33027	<u>pembroke pin</u>	es fl 33082	
ARTICLE III P	TIPPOSE	<del></del>		
	ich the corporation is organized is:		Acres =	
chartered	•		ACC H	
			ST & F	
		1,	("The """ and the state of the	
	·		ne z M	
ARTICLE IV	SHARES		411: 20 STATE FLORIDA	
The number of share			S 2	
			5A 6	
	INITIAL OFFICERS AND/OR DIREC			
	e:francis a. cabrera p			
Address:	16224 sw 15th st		· · · · · · · · · · · · · · · · · · ·	
	pembroke pines fl 33027			
Name and Titi	le:	Name and Title:		
Address:		Address:		
1 1 4 4 5 6 7 7 1				
Name and Tit	le:	Name and Title:		
Address:		Address:	·	
ADMICE D THE	PCIGGRADED ACENT			
	<u>REGISTERED AGENT</u> I <mark>da street address</mark> (P.O. Box <b>NOT</b> acceptal	ole) of the registered agent is:		
Name:	francis a cabrera			
Address:	16224 sw 15th street	<del></del>		
	pembroke pines fl.33027	<del>_</del>		
ARTICLE VII	INCORPORATOR			
	ress of the Incorporator is:			
Name:	francis a cabrera			
Address:	16224 sw 15th st	<del></del>		
	pembroke pines fl 33027	<del></del>		
Having been name his certificate, I am	l as registered agent to accept service of p familiar with and accept the appointment of	rocess for the above stated cor as registered agent and agree to	poration at the place designated act in this capacity	
•				
	Required Signature/Registered Agen		04/29/2011	
•	Required Signature/Registered Agen	II.	Date	
submit this docum	nent and affirm that the facts stated herei	in are true. I am aware that th	e false information submitted in	
locument to the De	partment of State constitutes a third degree	felony as provided for in s.817.	155, F.S.	
	Francis Salve Required Signature/Incorporator	1A	04/29/2011	
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