

P110000062525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500209685615

500209685615
07/08/11--01018--015 **78.75

FILED
2011 JUL -8 PM 2:30
SECRETARY OF STATE
HALLMARK

GC
7-11-11

COVER LETTER

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

SUBJECT: **CSB INDUSTRIES 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: **EUART, CHERYL**

Name (Printed or typed)

15653 82ND LANE NORTH

Address

LOXAHATCHEE, FL 33470

City, State & Zip

561-880-1204

Daytime Telephone number

C.EUART@YAHOO.COM

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

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

FILED
2011 JUL -8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

ARTICLE I NAME CSB INDUSTRIES INC.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
15653 82ND LANE NORTH
LOXAHATCHEE, FL 33470

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ALL AND ANY LAWFUL BUSINESS.

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>PRESIDENT</u>	Name and Title: _____
Address: <u>EUART, CHERYL</u>	Address: _____
<u>15653 82ND LANE NORTH</u>	_____
<u>LOXAHATCHEE, FL 33470</u>	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

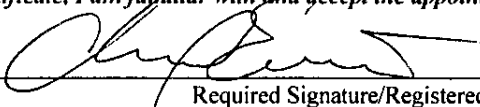
Name: EUART, CHERYL
Address: 15653 82ND LANE NORTH
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: EUART, CHERYL
Address: 15653 82ND LANE NORTH
LOXAHATCHEE, FL 33470

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



Required Signature/Registered Agent

7/5/11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

7/5/11

Date

2011 JUL -8 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED