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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers OCT 24 2011

## COVER LETTER

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

SUBJECT: CMV 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: Carmen Vizcaino

Name (Printed or typed)

6221 W. Atlantic Blvd

Address

Pompano Beach, FL 33063

City, State & Zip

(305)444-4303

Daytime Telephone number

carmen@wvmlawfirm.com

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

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**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: CMV Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6221 W. Atlantic Blvd  
Pompano Beach, FL 33063

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
All lawful business purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares common stock.

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

Name and Title: Carmen Vizcaino, President  
Address: 6221 W. Atlantic Blvd  
Pompano Beach, FL 33063

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Khurrum Wahid  
Address: 6221 W. Atlantic Blvd  
Pompano Beach, FL 33063

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Khurrum Wahid  
Address: 6221 W. Atlantic Blvd  
Pompano Beach, FL 33063

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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*



Required Signature/Registered Agent

10/15/2011

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

10/15/2011

Date