

P12000010926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

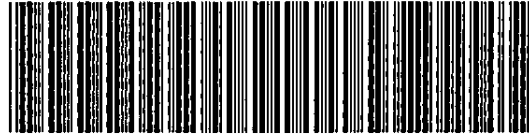
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000213506650

01/31/12--01006--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 31 PM 12:44

Ps 2/1/12

COVER LETTER

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

SUBJECT: CPB Payroll Company 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: Carolann Brockman

Name (Printed or typed)

9052 Artist Pl.

Address

Lake Worth, FL 33467

City, State & Zip

561-351-0664

Daytime Telephone number

cpbbookkeeping@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: CPB PAYROLL COMPANY INC

12 JAN 31 PM 12:44

ARTICLE II PRINCIPAL OFFICE

Principal street address
9052 Artist Place
Lake Worth, FL 33467

Mailing address, if different is:
P.O. Box 540068
Lake Worth, FL 33454

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

offer payroll services to
companies

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolann Brockman, President
Address: 9052 Artist Place
Lake Worth, FL 33467

Name and Title: _____
Address: _____

Name and Title: Victoria Chernin, Vice President
Address: 900 SW 7th Street
Boca Raton, FL 33486

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:

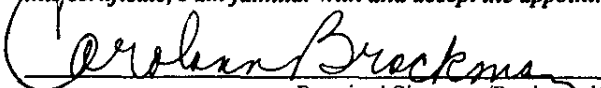
Name: Carolann Brockman
Address: 9052 Artist Place
Lake Worth, FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

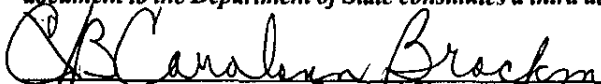
Name: Carolann Brockman
Address: 9052 Artist Place
Lake Worth

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

1/5/2012
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

1/5/2012
Date