

P 12000016170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

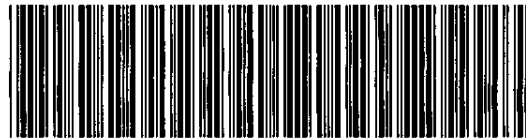
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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02/16/12--01004--003 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 15 PM 12:53

gr 2/16/12

COVER LETTER

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

SUBJECT: CLBD Property Management 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: Craig Becton
Name (Printed or typed)

8864 N Florida Ave Ste A
Address

Tampa, FL 33604
City, State & Zip

813-316-3244
Daytime Telephone number

clbdpropmanage@gmail.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:

CLBD Property Management Inc

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ARTICLE II PRINCIPAL OFFICE

Principal street address
8864 N Florida Ave
Ste A
Tampa, FL 33604

Mailing address, if different is:
2780 E Fowler Ave
Ste 247
Tampa, FL 33612

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Property Management

ARTICLE IV SHARES

The number of shares of stock is: 2

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig Becton Pres
Address: 8864 N Florida Ave
Ste A
Tampa, FL 33604

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:

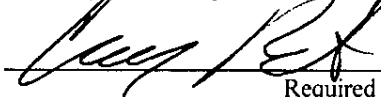
Name: Craig Becton
Address: 8864 N Florida Ave Ste A
Tampa, FL 33604

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Craig Becton
Address: 8864 N Florida Ave Ste A
Tampa, FL 33604

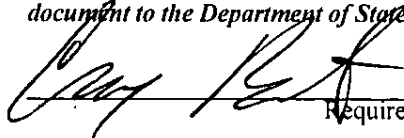
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

2/10/12
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

2/10/12
Date