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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
2/28/12

COVER LETTER

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

SUBJECT: Cahernan Services Corp.

(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: Hernan Fabiani

Name (Printed or typed)

5520 Hayes Street

Address

Hollywood Florida 33021

City, State & Zip

305-896-2838

Daytime Telephone number

hernanfabiani@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)

ARTICLE I NAME

Cahernan Services Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5520 Hayes Street Hollywood
Florida 33021

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
consulting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Sanchez
Address: 5520 Hayes St Hollywood FL 33021

Name and Title: President
Address:

Name and Title: Hernan Fabiani
Address: 5520 Hayes St Hollywood FL 33021

Name and Title: Vice president
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: Maria Sanchez
Address: 5520 Hayes St Hollywood FL 33021

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA SANCHEZ
Address: 5520 HAYES ST
HOLLYWOOD FL 33021

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

[Signature]
Required Signature/Registered Agent

02/23/2012
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.

[Signature]
Required Signature/Incorporator

02/23/2012
Date

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TALLAHASSEE, FLORIDA
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