

P12000036426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

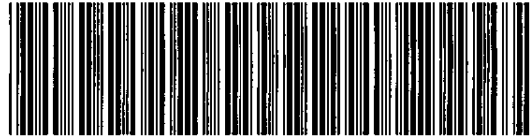
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/05/12--01009--005 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 17 PM 4:06

4/18
3/10
J

W12000012950

COVER LETTER

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

SUBJECT: ACCESSORIES BY CNM, 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: WANDA M. MONTEVERDE
Name (Printed or typed)

9047 SW 211 LANE
Address

MIAMI, FL 33189
City, State & Zip

305-519-8941
Daytime Telephone number

accessoriesbycnm@yahoo.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 6, 2012

WANDA M. MONTEVERDE
9047 SW 211 LN
MIAMI, FL 33189

SUBJECT: ACCESSORIES BY CNM, INC.
Ref. Number: W12000012950

We have received your document for ACCESSORIES BY CNM, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 612A00008609

RECEIVED
12 MAR 22 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

12 APR 17 PM 2:03

DIVISION OF CORPORATIONS

April 10, 2012

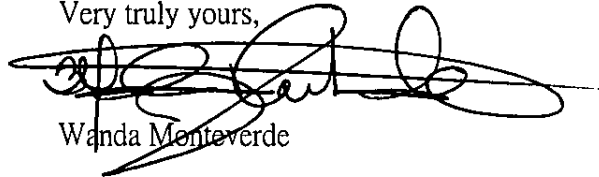
Jessica A. Fason
Regulatory Specialist II
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Accessories by CNM, Inc.
Ref. No.: W12000012950
Letter No.: 612A00008609

Dear Ms. Fason:

Enclosed please find the changes to the number of authorized shares. Should you need anything further, please do not hesitate to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Wanda Monteverde', with a large, stylized flourish extending from the end of the signature.

Wanda Monteverde

/wm

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: ACCESSORIES BY CNM, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

9047 SW 211 Lane
Miami, FL 33189

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Fashion Consulting
Personal Shopper
Fitness

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WANDA M. MONTEVERDE

Address: OWNER

9047 SW 211 Lane
Miami, FL 33189

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: IRVING M. MONTEVERDE

Address: 9047 SW 211 Lane
Miami, FL 33189

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WANDA M. MONTEVERDE

Address: 9047 SW 211 Lane
Miami, FL 33189

12 APR 17 PM 4:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

2-17-12
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.

[Signature]
Required Signature/Incorporator

2-17-12
Date