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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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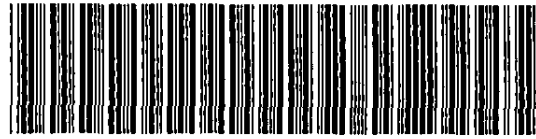
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: CBF Trucking 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: Fred C Brito
Name (Printed or typed)

P.O. Box 37460
Address

JACKSONVILLE, FL. 32230
City, State & Zip

904-445-9238
Daytime Telephone number

FISCHE1957@yahoo.com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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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: CBF Trucking inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6749 Southern oak
Jacksonville, FL
32244

Mailing address, if different is:
P.O. Box 37460
Jacksonville, FL
32236

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
PROFIT any and All Lawful buisnes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fred C. Baito
Address: P.O. Box 37460
Jacksonville, FL
32236

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Fred C. Baito
Address: P.O. Box 37460
Jacksonville, FL 32236

6749 Southern oaks
Jacksonville, FL
32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:-

Name: Fred C. Baito
Address: P.O. Box 37460
Jacksonville, FL 32236

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

Fred C. Baito
Required Signature/Registered Agent

12/31/2012
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.

Fred C. Baito
Required Signature/Incorporator

12/31/2012
Date