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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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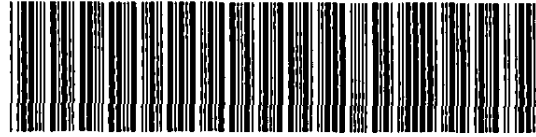
(Business Entity Name)

(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 buisness

**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: \_\_\_\_\_  
\_\_\_\_\_  
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Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
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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