

712000104196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2012 DEC 31 AM 11:08  
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10 ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED  
12 DEC 31 AM 11:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 32236  
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

12 DEC 31 AM 11:13

FILED

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 business

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:

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