

P/3000008274

(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



400243691144

01/22/13--01031--014 **70.00

FILED
13 JAN 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 01/24/13

COVER LETTER

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

SUBJECT: **CB ACCESSORIES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **ACCOUNTAX OFFICE SERVICES, CORP.**

Name (Printed or typed)

7590 NW 186 ST STE.206A

Address

MIAMI FL. 33015

City, State & Zip

305-698-7829

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

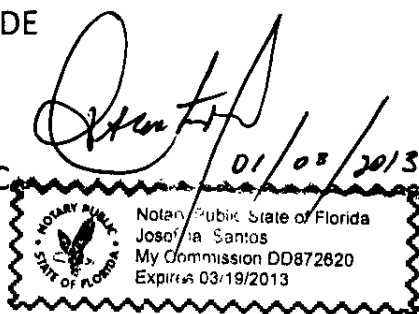
AFFIDAVIT

I, CLAUDIO BENAVIDES FORMER PRESIDENT OF CB ACCESSORIES, CORP.
DOCUMENT NUM. P10000058785 HEREBY STATE THAT I HAVE NO
INTENTIONS OF REVOCATING THE DISSOLVED CORPORATION AND
THEREFORE RELEASE THE NAME TO CB ACCESSORIES, CORP.

Claudio Benavides
CLAUDIO BENAVIDES

STATE OF FLORIDA
COUNTY OF DADE

NOTARY PUBLIC



FILED
13 JAN 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: **CB ACCESSORIES, CORP.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7112 SW 102 CT
MIAMI, FL. 33173

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

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: **CLAUDIO BENAVIDES (PRESIDENT)**
Address: 7112 SW 102 CT
MIAMI FL 33173

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: **CLAUDIO BENAVIDES**
Address: 7112 SW 102 CT
MIAMI FL. 33173

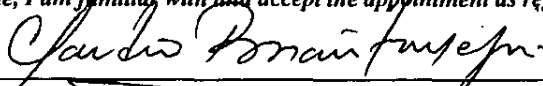
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **CLAUDIO BENAVIDES**
Address: 7112 SW 102 CT
MIAMI FL 33173

FILED
13 JAN 22 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



Required Signature/Registered Agent

01/03/13
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.



Required Signature/Incorporator

01/03/13
Date