

P13000040435

(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:

CORRECTED CORP. NAME  
PER TELEPHONE CONVERSATION  
WITH CARLOS DELGADO

κ 05/06/13

Office Use Only



200246530302

04/09/13--01010--019 \*\*78.75

FILED  
13 MAY -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W13-24048

κ 05/06/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2013

CARLOS F. DELGADO  
7406 KALANI ST.  
ORLANDO, FL 32822

SUBJECT: CD FARMS INC.  
Ref. Number: W13000021048

We have received your document for CD FARMS 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

The document number of the name conflict is P00000036011 (C & D FARMS, INC.).

Please verify the Principal Address for accuracy.

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 313A00008542

## COVER LETTER

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

SUBJECT: **CD FARMS 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      ☒ \$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: **Carlos F. Delgado**

Name (Printed or typed)

**7406 Kalani St.**

Address

**Orlando, FL. 32822**

City, State & Zip

**407-432-6720**

Daytime Telephone number

**cfdelgado@yahoo.com**

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

**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: CFD FARMS INC.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

0 NE 25 ST

High Springs, FL. 32643

Mailing address, if different is:

7406 Kalani St

Orlando, FL. 32822

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Agriculture

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

Name and Title: N/A

Address: \_\_\_\_\_

FILED  
13 MAY -3 PM 12:40  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

(conti.)

Name and Title: N/A Name and Title: N/A  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Carlos F. Delgado  
Address: 7406 Kalani St  
Orlando, FL. 32822

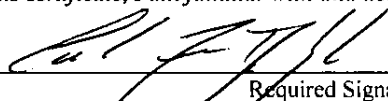
FILED  
13 MAY -3 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

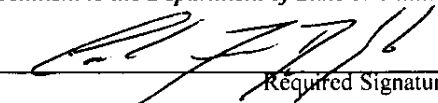
Name: Carlos F. Delgado  
Address: 7406 Kalani St.  
Orlando, FL. 32822

*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

4/4/2013  
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

4/4/2013  
Date