

P13000041285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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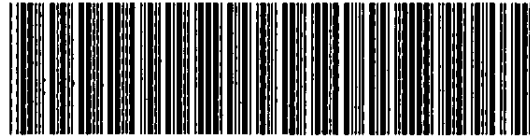
(Business Entity Name)

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TALLAHASSEE, FLORIDA

END 5/8

COVER LETTER

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

SUBJECT: **CDS Global 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: **Patrick McDermott**

Name (Printed or typed)

1820 NW 15 Vista, Apt # 4

Address

Boca Raton, FL 33432

City, State & Zip

954-557-5016

Daytime Telephone number

patrick@chemde.com

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

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

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

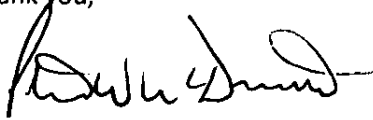
May 6, 2013

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TALLAHASSEE, FLORIDA

RE: Release of name letter for CDS Global Inc.

To whom it may concern. I Patrick McDermott owner of CDS Gobal Inc. am hereby releasing the name CDS Global Inc. a former not for Profit Company dissolved on April 30 2013.

Thank you,



Patrick McDermott
1820 NW 15 Vista, # 4
Boca Raton, FL 33432

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: CDS Global Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1820 NW 15 Vista

4

Boca Raton, FL 33432

Mailing address, if different is:

PO Box 670066

Coral Springs, FL 33067

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Environmental Consulting

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Patrick McDermott, President

Name and Title: _____

Address 1820 NW 15 Vista

Address: _____

4

Boca Raton, FL 33067 432 5/16/13

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Patrick McDermott
Address: 1820 NW 15 Vista, #4
Boca Raton, FL 33432

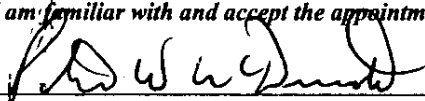
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Patrick McDermott
Address: 1820 NW 15 Vista, #4
BOCA RATON, FL 33432 *Ph 516113*

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

MAY 6, 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

MAY 6, 2013

Date