

P13000042463

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
13 MAY -9 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/4

## COVER LETTER

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

SUBJECT: CMFL 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: Israel Villy  
Name (Printed or typed)

159 Berenger Walk  
Address

Wellington FL 33414  
City, State & Zip

561 951 4300  
Daytime Telephone number

CMFLSERVICES@gmail.com  
E-mail address: (to be used for future annual report notification)

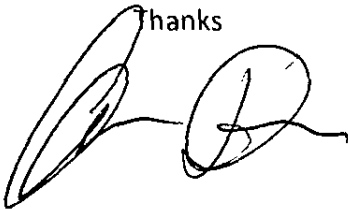
**NOTE: Please provide the original and one copy of the articles.**

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**Letter of no intention to revoke voluntary dissolution**

5/3/2013

I Antoinette Davis sole owner of CMFL INC. (P12000085597) have no intent to revoke my voluntary dissolution. The new owners Israel Villy and Edward Morse will use the name CMFL INC. moving forward.

Thanks  


Antoinette Davis

ARTICLES OF INCORPORATION  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME**

The name of the corporation shall be: CMFL INC.

13 MAY -9 AM 10:42

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

159 Berenger Walk  
Wellington, FL 33414

Mailing address, if different from principal office address, is  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Construction

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Israel Vilky OWNER 50%

Address: 6491 INDIAN TRAIL DR.  
LOVESHATCHEE FL 33470

Name and Title: Edward Morse OWNER 50%

Address: 21055 NE 37th  
UNIT 506  
Aventura, FL 33180

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

(conti.)

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Name and Title: \_\_\_\_\_ Name and Title: 13 MAY -9 AM 10:42  
Address: \_\_\_\_\_ Address: 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: Israel Vilh  
Address: 6491 INDIAN TRAIL DR  
LOXAHUTCHEE FL 33470

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Israel Vilh  
Address: 6491 INDIAN TRAIL DR  
LOXAHUTCHEE, FL 33474

*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 5/6/13  
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.817.133, F.S.*

\_\_\_\_\_  
Required Signature/Incorporator 5/6/13  
Date