

P1300004532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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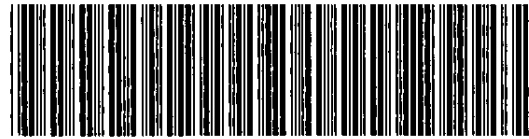
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAY 21 PM 2:42

Ps 5/21/13

COVER LETTER

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

SUBJECT: _____

Cash Buddi 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: _____

Ariel Dabakaroff

Name (Printed or typed)

5750 SW 109th ave

Address

Davie, FL 33328

City, State & Zip

954-736-7063

Daytime Telephone number

Dabakaroff@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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: CashBuddi Inc.

13 MAY 21 PM 2:42

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5750 SW 109th ave
Davie, FL 33328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: online advertising.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ariel Dabakaroff

Name and Title: _____

Address President.

Address: _____

5750 SW 109th ave

Davie, FL 33328

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE (cont.)
DIVISION OF CORPORATIONS

13 MAY 21 PM 2:42

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:

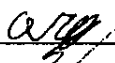
Name: Ariel Dabakaroff
Address: 5750 SW 109th ave
Davie, FL 33328

ARTICLE VII INCORPORATOR

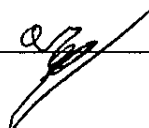
The name and address of the Incorporator is:

Name: Ariel Dabakaroff
Address: 5750 SW 109th
ave Davie, FL 33328

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 5/17/13 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 5/17/13 Date