

P13000060674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

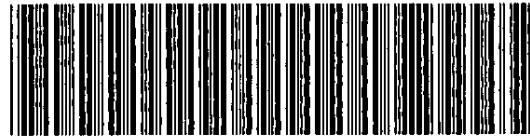
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Aiden Gonzalez*  
**AUTHORIZATION BY PHONE TO**  
**CORRECT Article IV**  
**DATE 7/22/13**  
**DOC. EXAM MRS**

Received 7/17/13

Office Use Only



600249399636

07/05/13--01019--007 \*\*78.75

FILED  
13 JUL 17 PM 2:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
7/22/13

## COVER LETTER

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

SUBJECT: Cobalt Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

**ADDITIONAL COPY REQUIRED**

FROM: Aideni Gonzalez

Name (Printed or typed)

441 E 42 St.

Address

Hiataeah, FL 33013.

City, State & Zip

305-587-4889.

Daytime Telephone number

jca-travel@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**

**ARTICLE I    NAME**

The name of the corporation shall be:

Colat INC.

18 JUL 17 PM 2:02

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

441 E 42 St  
Hialeah FL 33013

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
Mailing address, if different is:

441 E 42 St  
Hialeah FL 33013

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

managment / ASSOCIATION

**ARTICLE IV    SHARES**

The number of shares of stock is: 1

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

P. Name and Title: Aideni Gonzalez Name and Title: \_\_\_\_\_

Address 441 E 42 St Address: \_\_\_\_\_  
Hialeah FL 33013

VP Name and Title: Roberta Ascencion Name and Title: \_\_\_\_\_

Address 441 E 42 St Address: \_\_\_\_\_  
Hialeah FL 33013

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

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

(conti.)

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

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

**FILED**

Address \_\_\_\_\_

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

**13 JUL 17 PM 2:02**

**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: \_\_\_\_\_

Aideni Gonzalez

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

441 E 42 St  
Hiawah FL 33013

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: \_\_\_\_\_

Aideni Gonzalez

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

441 E 42 St  
Hiawah FL 33013

*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

7/11/13  
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

7/11/13  
Date