

P/3000073011

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

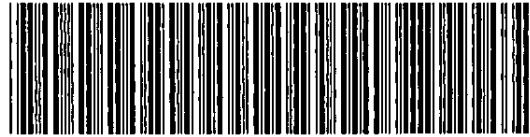
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



600251242846

08/30/13--01016--009 \*\*70.00

FILED  
13 AUG 30 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K 09/05/13

## COVER LETTER

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

SUBJECT: Cothabhail, 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: Daryc C. Shay

Name (Printed or typed)

365 Taft-Vineland Rd., Suite 105

Address

Orlando, FL 32824

City, State & Zip

407-994-9290

Daytime Telephone number

darycshay1@gmail.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: Cothabhail, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

365 Taft-Vineland Rd., Suite 105

Orlando, FL 32824

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: General repair work

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Daryc C. Shay President

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

Address 2645 Cherokee Rd.

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

St. Cloud, FL 34772

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

FILED  
13 AUG 30 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(cont)

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: Debbe R. Chalifoux  
Address: 6105 Lake Lizzie Dr.  
St. Cloud, FL 34771

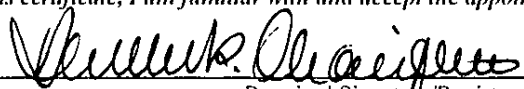
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Daryc C. Shay  
Address: 2645 Cherokee Rd.  
St. Cloud, FL 34772

FILED  
13 AUG 30 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


*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

8/26/2013

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

8/26/2013

Date