

P13000079153

(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



700251387887

09/25/13--01004--018 \*\*78.75

RECEIVED  
13 SEP 25 PM 1:15  
DIVISION OF CORPORATE AFFAIRS

13 SEP 25 PM 1:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Ps 9/25/13

## COVER LETTER

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

SUBJECT: Cordelo 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: Jennifer K. Rabaut

Name (Printed or typed)

16082 Heatherwood Ct.

Address

Tallahassee, FL 32309

City, State & Zip

850-296-5113

Daytime Telephone number

jennifer@talweb.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)

APPROVED  
AND  
FILED

**ARTICLE I    NAME**

The name of the corporation shall be: Cordelo Incorporated

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

16082 Heatherwood Ct.

Tallahassee, FL 32309

Mailing address, if different is:

13 SEP 25 PM 1:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: any and all legal business

**ARTICLE IV    SHARES**    100

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Jennifer K. Rabaut -President

Address    16082 Heatherwood Ct.  
Tallahassee, FL 32309

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

APPROVAL  
AND  
FILED (cont.)

Name and Title: \_\_\_\_\_ Name and Title: 13 SEP 25 PM 1:23

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: Jennifer K. Rabaut  
Address: 16082 Heatherwood Ct.  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jennifer K. Rabaut  
Address: 16082 Heatherwood Ct.  
Tallahassee, FL 32309

*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*

*J. Rabaut*  
Required Signature/Registered Agent

9/25/13  
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.*

*J. Rabaut*  
Required Signature/Incorporator

9/25/13  
Date