

P140000002596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

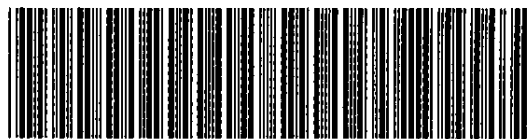
(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JAN 17 PM 12:36

COVER LETTER

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

SUBJECT: Cobas Generals Services Corp.
(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:

Dennis Cobas

Name (Printed or typed)

1000 sw 8ct

Address

Miami, FL 33130

City, State & Zip

(786) 294-4212

Daytime Telephone number

denniscobas@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)

ARTICLE I NAME

The name of the corporation shall be: Cobas General Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1000 sw 8 Ct

Miami, FL 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100 at one each one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dennis Cobas D Name and Title: _____

Address: 1000 sw 8 Ct Address: _____

Miami, FL 33130

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Dennis Cobas

Address: 1000 sw 8 ct
Miami, FL 33130

ARTICLE VII INCORPORATOR

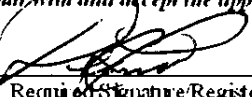
The name and address of the Incorporator is:

Name: Dennis Cobas

Address: 1000 sw 8 ct
Miami, FL 33130

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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:

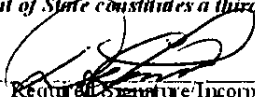


Required Signature/Registered Agent

1-13-2014

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

1-13-2014

Date