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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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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 Generals Services Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1000 sw 8 Ct
Miami, Fl 33130

Mailing address, if different is:

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
Address 1000 sw 8 Ct
Miami, Fl 33130

Name and Title:
Address:

Name and Title:
Address

Name and Title:
Address:

Name and Title:
Address

Name and Title:
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

_____ 1-13-2014

Required Signature/Registered Agent 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.

_____ 1-13-2014

Required Signature/Incorporator Date