

P14000015478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

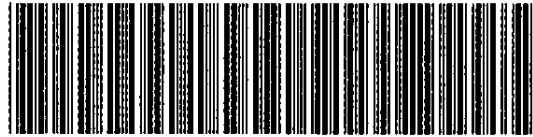
(Document Number)

Certified Copies _____ Certificates of Status _____ ✓

Special Instructions to Filing Officer:

Office Use Only

W14-7865



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01/30/14--01015--015 **78.75

14 FEB 18 AM 11:49
SECRETARY OF STATE
DIVISION OF CORPORATION

[Handwritten signature]



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 6, 2014

CARLOS RODRIGUEZ
421 MABBETTE STREET
KISSIMMEE, FL 34741

SUBJECT: C-ROD, INC.
Ref. Number: W14000007865

We have received your document for C-ROD, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 614A00002725

14 FEB 13 PM 5:00
FLORIDA DEPARTMENT OF STATE
KISSIMMEE, FLORIDA

COVER LETTER

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

SUBJECT: **C.ROD, 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: **Carlos Rodriguez**

Name (Printed or typed)

421 Mabbette Street

Address

Kissimmee, Florida 34741

City, State & Zip

863-537-0747

Daytime Telephone number

chro.bimbo@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:

C. ROD, INC. C. ROD FOODS, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

421 Mabbette Street

Kissimmee, Florida 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: in order to do business with different entities
in accordance with the business laws in Florida

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos Roriguez, P Name and Title: _____

Address 421 Mabbette Street Address: _____
Kissimmee, FI 34741

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

RECEIVED
DIVISION OF CORPORATIONS
14 FEB 18 AM 11:49
STATE OF FLORIDA

(conti.)

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: Carlos Rodriguez
Address: 421 Mabbette Street
Kissimmee, Fl 34741

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos Rodriguez
Address: 421 Mabbette Street
Kissimmee, Fl 34741

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

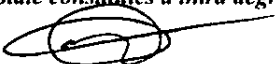


Required Signature/Registered Agent

1/28/14

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

1/28/14

Date