

P14000029447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

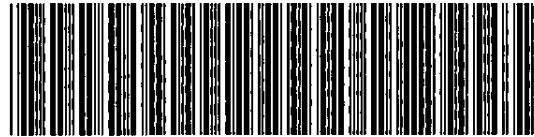
(Business Entity Name)

(Document Number)

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

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RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATE AFFAIRS  
2014 MAR 31 PM 1:39

1/4

## COVER LETTER

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

SUBJECT: CBA Management Services, 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: Alicia P. Cochran

Name (Printed or typed)

6105 Jameson Circle

Address

Pace, Florida 32571

City, State & Zip

850-324-2386

Daytime Telephone number

cbamngmntserv@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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: CBA Management Services, Inc

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

6105 Jameson Circle

Pace, Florida 32571

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide services to property management and  
to engage in any other lawful activity for which corporations may be incorporated in  
this state.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: Alicia P. Cochran

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

Address President/Director

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

6105 Jameson Circle

Pace, Florida 32571

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

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

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

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

(cont.)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATE

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: Alicia P. Cochran  
Address: 5875 Westmont Road  
Milton, FL 32583

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Alicia P. Cochran  
Address: 6105 Jameson Circle  
Pace, FL 32571

*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*

Alicia P. Cochran  
Required Signature/Registered Agent

03/26/2014

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.817.155, F.S.*

Alicia P. Cochran  
Required Signature/Incorporator

03/26/2014

Date