

P14000035410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

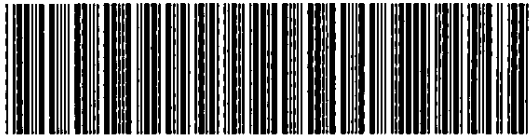
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

691-
W14000019889



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03/25/14--01003--008 **78.75

FILED
14 APR 18 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

of 4/22/14

COVER LETTER

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

SUBJECT: CSB Solutions Co.
(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: Claudia Sánchez-Bustamante
Name (Printed or typed)

2100 Brickell Avenue # 301
Address

Miami, FL 33129
City, State & Zip

727-415-0717
Daytime Telephone number

kaya1206@yahoo.com
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

14 APR 18 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

March 28, 2014

CLAUDIA SANCHEZ-BUSTAMANTE
2100 BRICKELL AVENUE #301
MIAMI, FL 33129

SUBJECT: CSB SOLUTIONS CO.
Ref. Number: W14000019889

We have received your document for CSB SOLUTIONS CO. 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 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 714A00006709

please see attached, corrected number of shares.

WJG

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14 APR 18 AM 8:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: CSB Solutions Co.

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14 APR 18 AM 8:52

ARTICLE II PRINCIPAL OFFICE

Principal street address

2100 Brickell Avenue # 301

Miami, FL 33129

Mailing address, same as principal address
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide varied types of professional communications solutions, including English-Spanish, Spanish-English, Portuguese-English-Spanish translations, subtitles, editing services, one-on-one interpreting services, notary public and certified apostille agent services.

ARTICLE IV SHARES

The number of shares of stock is: 100 (all owned by Claudia Sánchez-Bustamante)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Claudia Sánchez-Bustamante Name and Title: _____

Address President and owner Address: _____

2100 Brickell Avenue # 301 _____

Miami, FL 33129 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(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:

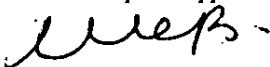
Name: Claudia Sánchez-Bustamante
 Address: 2100 Brickell Avenue # 301
Miami, FL 33129

ARTICLE VII INCORPORATOR


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

Name: Claudia Sánchez-Bustamante
 Address: 2100 Brickell Avenue # 301
Miami, FL 33129

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

<u></u>	<u>03/14/2014</u>
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.

<u></u>	<u>03/14/2014</u>
Required Signature/Incorporator	Date

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 14 APR 18 AM 8:52
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 TALLAHASSEE, FLORIDA