

P/4000045903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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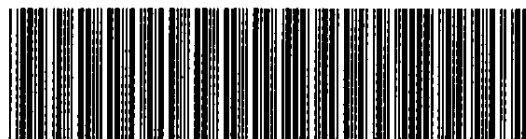
(Business Entity Name)

(Document Number)

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

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14 MAY 22 PM 3:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W/4-30318

✓ 03/27/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

14 MAY 22 AM 11:07

DATE  
TALLAHASSEE, FLORIDA

May 13, 2014

CARLOS CENDAN  
1155 S.W. 24 AVE.  
MIAMI, FL 33135

SUBJECT: C.R.C INCORPORATED  
Ref. Number: W14000030318

We have received your document for C.R.C INCORPORATED and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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 number of the name conflict is 315365 (C.R.C., INC.).

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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 114A00010304

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

C.B.C Incorporated  
(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 Cendan

Name (Printed or typed)

1155 SW 24 ave

Address

miami FL 33135

City, State & Zip

954 210 3023

Daytime Telephone number

CarlosCendan@aol.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.B. Cendan Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1155 SW 24 ave  
miami FL 33135

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Install Battery Operated  
air Fresheners. Change out of a/c wall  
units. Change out of Hvac a/c Filters.

**ARTICLE IV SHARES**

The number of shares of stock is:

500

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

Name and Title:

Carlos Cendan

Name and Title:

Rafael Cendan V.P.

Address

1155 SW 24 ave  
miami FL 33135  
President

Address:

1155 SW 24 AVE  
Miami, FL 33135

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(conti.)

Name and Title: Carlos B Cendan  
Address: Resident  
1155 SW 24 ave  
miami FL 33135

Name and Title: Bafael Cendan  
Address: Vice Presiden  
1155 SW 24 ave  
miami FL 33135

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Bafael Cendan  
Address: 1155 SW 24 ave  
miami FL 33135

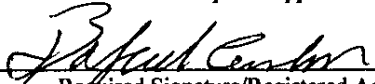
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Name: Carlos B Cendan  
Address: 1155 SW 24 ave  
miami FL 33135

*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

5/9/2014  
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.*

  
Required Signature/Incorporator

05-9-14  
Date