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(Address)

(Address)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

UH

**COVER LETTER**



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

**SUBJECT: Chocolate Carz, 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: Bruce Varon**

Name (Printed or typed)

**2521 NW 104th Ave Apt 102**

Address

**Sunrise, FL 33322**

City, State & Zip

**754 422 4048**

Daytime Telephone number

**Karguy330@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: Chocolate Carz, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2521 NW 104th Ave, Apt 102

Sunrise, FL 33322

Mailing address, if different is:

2521 NW 104 Ave, Apt 102

Sunrise, FL 33322

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all legal purposes

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Bruce Varon, President

Address 2521 NW 104th Ave Apt 102

Sunrise, FL 33322

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

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

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: Randee Abramson

Address: 1133 NW 118th Lane

Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

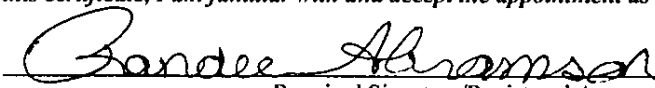
The name and address of the Incorporator is:

Name: Bruce Varon

Address: 2521 NW 104th Ave Apt 102

Sunrise, FL 33322

*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

8/11/14  
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

8/11/14  
Date