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(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(=-	,	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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ľ	Office Use On	ly

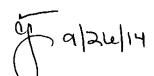


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09/12/14--01004--010 **78.75

14 SEP 25 M DO H

-02E



COVER LETTER

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

SUBJECT: CB Engineering Services, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

closed are an origi	inal and one (1) copy of the ar	ticles of incorporation and	l a check for:
□ \$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM:	CONSTANTIN BORTES			
	Name (Printed or typed)			
	1301 NE 7 Street, Suite 303			
	Address			
	Hallandale Beach, FL 33009			
	City, State & Zip			_ ~
	(954) 534-1612	是	43S h	
	Daytime Telephone number			1
,	cbbortes@gmail.com		25 /	m
	E-mail address: (to be used for future annual report notification)	F87	ë ≅	\Box
			$\frac{1}{\infty}$	

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



RECEIVED

14 SEP 25 AM IO: 58

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

September 15, 2014

CONSTANTIN BORTES 1301 NE 7 STREET SUITE 303 HALLANDALE BEACH, FL 33009

SUBJECT: CB ENGINEERING SERVICES, INC.

Ref. Number: W14000056249

We have received your document for CB ENGINEERING SERVICES, 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):

You have indicated in your document the ownership and percentages of the authorized shares. Please note this information is not required nor is it maintained by the Department of State. While we cannot require such, it is recommended that it be removed from the document. The only information needed for this filling is the number of authorized shares.

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: 214A00019712

14 SEP 25 M ID 18
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAM	E 00 5	FILED
The name of the corporati		ervices, INC. 14 SEP 25 M IG: 18
	ICIPAL OFFICE Principal street address	
1301 NE 7 Str	• —	Mailing address, if different is: OF STATE ALLAHASSEE, FLORIDA
Hallandale Be	ach, FL 33009	
ARTICLE III PURE The purpose for which the Installation, Mainte	POSE le corporation is organized is: Construction enence and Repairs of Mechanical	Services/Maintenence, Remodeling and Repairs /Electrical/Plumbing systems and Equipment
	<u> </u>	ural/Mechanical/Electrical Engineering
		tructural/Mechanical/Electrical Engineering
Traffic Engineering	Consulting Services, Bridge Inspec	ctions, Professional Home Inspection Services
Materials Test	ting, Private and Commer	cial Construction Inspections
	ces of science subjects	<u> </u>
	TAL OFFICERS AND/OR DIRECTORS CONSTANTIN BORTES, PRESIDENT	Name and Title:
Address	1301 NE 7 Street, Suite 303	Address:
	Hallandale Beach, FL 33009	
Name and Title:		Name and Title:
Address		
Addioss		
Name and Title:		Name and Title:
Address		Address:

Address	Address:	
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of the registered ag CONSTANTIN BORTES	ent is:
Name:		
Address:	1301 NE 7 Street, Suite 303	
	Hallandale Beach, FL 33009	
ARTICLE VII	<u>INCORPORATOR</u>	
The <u>name and ad</u>	<u>dress</u> of the Incorporator is:	
Name:	CONSTANTIN BORTES	
Address:	1301 NE 7 Street, Suite 303	
	Hallandale Beach, FL 33009	
this certificate, I a	ed as registered agent to accept service of process for the above st m familiar with and accept the appointment as registered agent and	d agree to act in this capacity
Cony	Required Signature/Registered Agent	09-13-2014
		Date
I submit this docu document to the D	ment and affirm that the facts stated herein are true. I am awar epartment of State constitutes a third degree felony as provided for	e that the false information submitted in r in s.817.155, F.S.
_	Required Signature/Incorporator	09-13-2014
(1)		

Name and Title: Name and Title:

14 SEP 25 AN ID: 18
SECRETARY OF STATE
FALLANASSEE FLORENA