

P/4000008/502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

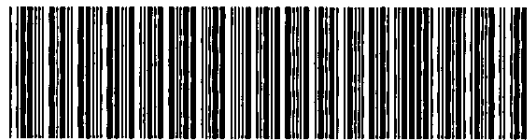
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400263326984

10/03/14--01010--014 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT -3 PM 2:11

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: **CDCH CORP**

(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: **CESAR D. CHIQUILLO**

Name (Printed or typed)

**10850 NW 84 TH LN**

Address

**DORAL, FL 33178**

City, State & Zip

**305-299-5452**

Daytime Telephone number

**cchiquil@hotmail.com**

E-mail address: (to be used for future annual report notification)

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

# AFFIDAVIT

BEFORE ME, the undersigned authority, on this day personally appeared Cesar D. Chiquillo,  
Who after being first duly sworn, under oath, deposes and says:

1. The undersigned is also the sole Director and the President of CDCH Corp. a Florida corporation to be filed with the Florida Department of State on or about August 28, 2014.
2. The undersigned hereby consents to and authorizes the use by Cesar D. Chiquillo of the name CDCH Corp.
3. The undersigned has personal knowledge of the fact and matter set forth herein and therefore has no intentions of reinstating the dissolved entity.

FURTHER AFFIANT SAYETH NAUGHT.

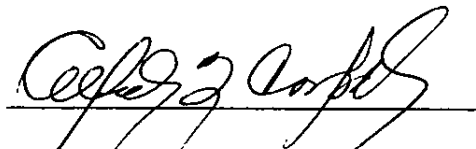


CDCH Corp.

STATE OF FLORIDA       )  
                                      ) SS:  
COUNTY OF MIAMI-DADE )

PERSONALLY appeared before me, Cesar D. Chiquillo who is personally known to me, who  
Being by my first duly sworn, acknowledges that he signed the foregoing for the purposes therein  
expressed.

Witness my hand and official seal this 28 day of August 2014



Notary Public Signature



ALFREDO F. CORPAS  
MY COMMISSION # EE 873703  
EXPIRES: June 10, 2017  
Bonded Thru Budget Notary Services

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

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: CDCH CORP.

14 OCT -3 PM 2:11

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10850 NW 84 TH LN, DORAL, FL 33178

MAILING ADDRESS, IF DIFFERENT IS:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: CESAR D. CHIQUILLO, PD

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

Address 10850 NW 84 TH LN

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

DORAL, FL 33178

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

APPROVED  
AND  
FILED

(cont.)

Name and Title: \_\_\_\_\_ Name and Title: 14 OCT -3 PM 2:11  
Address: \_\_\_\_\_ Address: SECRETARY OF STATE  
\_\_\_\_\_  
\_\_\_\_\_ TALLAHASSEE, FLORIDA  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: CESAR D. CHIQUILLO  
Address: 10850 NW 84 TH LN  
DORAL, FL 33178

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CESAR D. CHIQUILLO  
Address: 10850 NW 84 TH LN  
DORAL, FL 33178

*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 08/28/14  
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 08/28/14  
Date