

P14000096566

(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



500266860355

11/26/14--01012--008 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 NOV 26 PM 4:41

APPROVED
AND
FILED

1/7

COVER LETTER

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

SUBJECT: C.B.A. Import & Export 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: Garcia Accounting & Tax Services Inc
Name (Printed or typed)

10750 S.W. 24th Street
Address

Miami FL 33165
City, State & Zip

305 551 4959
Daytime Telephone number

FGarciaTaxes1@BellSouth.Net
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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: C.B.A. Import & Export Inc.

14 NOV 26 PM 4:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

10750 S W 24th Street

Miami Fl 33165

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct any kind of legal Business Activities in the
Continental United States of America.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares \$ 1.00 Par Value Common Stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Margarita S Giacomelli
President

Address

10750 S W 24th Street

Miami Fl 33165

Name and Title: Claudio I Giacomelli
Vice President

Address:

10750 S W 24th Street

Miami Fl 33165

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

(cont.)
APPROVED
AND
FILED

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

14 NOV 26 PM 4:41
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: Felix C Garcia
Address: 10750 S W 24th Street
Miami FL 33165

ARTICLE VII INCORPORATOR

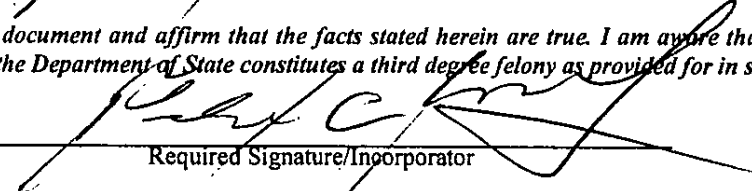
The name and address of the Incorporator is:

Name: Felix C Garcia
Address: 10750 S W 24th Street
Miami FL 33165

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

 Nov. 24/14
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.

 Nov. 24/14
Required Signature/Incorporator Date