

P15000018895

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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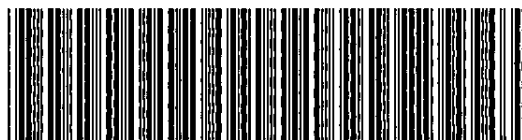
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: **CUBSPIRITS-EU, 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: **GERT HEBSACKER**

Name (Printed or typed)

2710 DEL PRADO BLVD #2 SUITE 250

Address

CAPE CORAL, FL 33904

City, State & Zip

239-826-4861

Daytime Telephone number

WORLDBEVERAGES@AOL.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 11, 2014

GERT HEBSACKER
2710 DEL PRADO BLVD. 2
SUITE 250
CAPE CORAL, FL 33904

SUBJECT: CUBSPIRITS-EU, INC.
Ref. Number: W14000055668

We have received your document for CUBSPIRITS-EU, 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):

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 714A00019529

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: CUBSPIRITS-EU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1685 TARGET COURT UNIT 17A

FORT MYERS, FL 33905

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GERT HEBSACKER PRESIDENT

Address: 1685 TARGET COURT UNIT 17A
FORT MYERS, FL 33905

Name and Title: WOLFGANG WINDSOR-VICE PRESIDENT

Address: 5110 SANTA ROSA COURT
CAPE CORAL, FL 33904

Name and Title: ALFRED PUELS-VICE PRESIDENT

Address: 1685 TARGET COURT UNIT 17A
FORT MYERS, FL 33905

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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: GERT HEBSACKER
Address: 1685 TARGET COURT UNIT 17A
FORT MYERS, FL 33905

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GERT HEBSACKER
Address: 1685 TARGET COURT UNIT 17A
FORT MYERS, FL 33905

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 02-11-2015
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 02-11-2015
Date