

P15000055101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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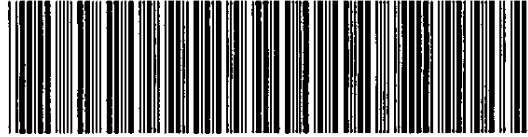
(Business Entity Name)

(Document Number)

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

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FILED  
2015 JUN 25 AM 11:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 29 2015

T. BROWN

## COVER LETTER

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

**SUBJECT:** CSSETS, 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:** Christopher M. Trapani, Esq.

Name (Printed or typed)

10640 Griffin Road, Suite 106C

Address

Cooper City, FL 33328

City, State & Zip

954-530-6957

Daytime Telephone number

emailservice@trapani-law.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)

FILED  
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TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: CSSETS, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2550 Palm Bay Road NE

Suite 211

Palm Bay, FL 32905

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: All lawful purposes.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Cynthia Scott, President & Director

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

Address 2550 Palm Bay Road NE

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

Suite 211

Palm Bay, FL 32905

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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: Christopher M. Trapani, Esq.  
Address: 16040 Griffin Road, Suite 106C  
Cooper City, FL 33328

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Cynthia Scott  
Address: 2550 Palm Bay Road NE, Suite 211  
Palm Bay, FL 32905

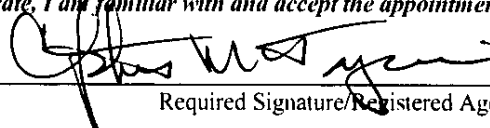
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

6/10/15  
\_\_\_\_\_  
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

6/10/15  
\_\_\_\_\_  
Date