

P15000060188

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~~215000039654~~  
SCW  
& CC  
7/21/15

## COVER LETTER

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

**SUBJECT:** CHANM CHANM BAND 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

**FROM:** MAX H.ALABRE

Name (Printed or typed)

7726 NEWLAN DR.

Address

ORLANDO, FL 32818

City, State & Zip

321-215-5361/407-491-6818

Daytime Telephone number

maxi0314@hotmail.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

June 8, 2015

MAX H. ALABRE  
7726 NEWLAN DR.  
ORLANDO, FL 32818

SUBJECT: CHANM CHANM BAND INC.  
Ref. Number: W15000039654

We have received your document for CHANM CHANM BAND INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) in the officer/director field(s) is/are not acceptable. Please refer to the following link for acceptable officer/director title information.  
<http://www.sunbiz.org/titledef.html>.

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: 215A00011965

**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: CHANM CHANM BAND INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

7726 NEWLAN DR.

ORLANDO, FL 32818

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ENTERTAINMENT

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CLERK OF STATE  
TALLAHASSEE, FL

**ARTICLE IV SHARES**

The number of shares of stock is: 5

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

Name and Title: MAX H. ALABRE/P

Name and Title: JUNIOR C. JOSEPH/S

Address: 7726 NEWLAN DR  
ORLANDO, FL 32818

Address: 3000 SHERIGAM RD.  
ORLANDO, FL 32808

Name and Title: MAX SAINTILUS/V

Name and Title: FRANTZ PATRICE/T

Address: 8100 ST. ALBANS  
ORLANDO, FL 32835

Address: 8100 ST. ALBANS  
ORLANDO, FL 32835

Name and Title: EDWIGE CATAN/D

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

Address: 553 ZACHARY DR.  
APOPKA, FL 32712

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: MAX H. ALABRE  
Address: 7726 NEWLAN DR.  
ORLANDO, FL 32818

**ARTICLE VII INCORPORATOR**

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

Name: MAX H. ALABRE  
Address: 7726 NEWLAN DR.  
ORLANDO, FL 32818

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 6/24/2015 (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 6/24/2015  
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 6/24/2015  
Date