

P15000067443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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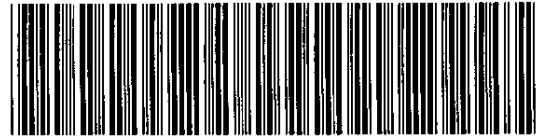
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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DIVISION OF CORPORATIONS
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15 AUG 12 AM 10:58
DIVISION OF CORPORATIONS

AUG 12 2015

T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 742954 8058028

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : August 11, 2015

ORDER TIME : 5:29 PM

ORDER NO. : 742954-005

CUSTOMER NO: 8058028

DOMESTIC FILING

NAME: CON TA BAI, INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Con Ta Bai, 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: Sandra York
Name (Printed or typed)
2725 Ponce De Leon Boulevard
Address
Coral Gables, FL 33134
City, State & Zip
305.229.8888
Daytime Telephone number
sandra.yorik@yorkpllc.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)

ARTICLE I NAME

Con Ta Bai, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2725 Ponce De Leon Boulevard, Coral Gables, FL 33134

2725 Ponce De Leon Boulevard, Coral Gables, FL

ARTICLE III PURPOSE

any lawful purpose

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sandra York, President

Name and Title:

Address 2725 Ponce De Leon Boulevard

Address:

Coral Gables, Florida

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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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: York PLLC

Address: 2725 Ponce De Leon Boulevard

Coral Gables, FL 33134

ARTICLE VII INCORPORATOR

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

Name: Sandra York

Address: 2725 Ponce De Leon Boulevard

Coral Gables FL 33134

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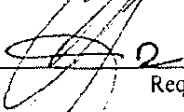
ARTICLE VIII EFFECTIVE DATE: 08 / 11 / 15

Effective date, if other than the date of filing: _____ (OPTIONAL)

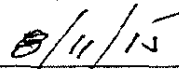
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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



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



Date