

P1500071952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

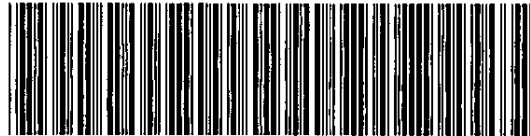
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Special Instructions to Filing Officer:

WK-54793

Office Use Only



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SECRETARY OF STATE
MILWAUKEE OFFICE

SEP 01 2015

W PAINTER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 14, 2015

CHRISTIAM LEON
8779 W 33RD AVE
HIALEAH GARDEN, FL 33018

RECEIVED AUG 28 2015

SUBJECT: C & M DISTRIBUTION INC.
Ref. Number: W15000054793

We have received your document for C & M DISTRIBUTION INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

The document number of the name conflict is .

P96000019042 ACT C & M DISTRIBUTION INC.,

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.

WESTLEE A PAINTER
Regulatory Specialist II

Letter Number: 315A00017202

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ALL INFORMATION CONTAINED
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DATE 11/11/2015 BY 60322

COVER LETTER

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

SUBJECT: C & M DISTRIBUTION 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: CHRISTIAM LEON

Name (Printed or typed)

8779 W 33RD AVENUE

Address

HIALEAH GARDEN, FL 33018

City, State & Zip

(786) 681 4790

Daytime Telephone number

christiamleon@hotmail.com

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

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

COVER LETTER

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

SUBJECT: C & M DISTRIBUTION OF MIAMI-DADE 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: CHRISTIAM LEON
Name (Printed or typed)

8779 W 33RD AVENUE
Address

HIALEAH GARDENS, FLORIDA 33018
City, State & Zip

(786) 681 4790
Daytime Telephone number

christiamleon@hotmail.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 C & M DISTRIBUTION OF MIAMI-DADE INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address
8779 W 33RD AVENUE
HIALEAH GARDENS, FL 33018

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHRISTIAM LEON / PRESIDENT

Name and Title: _____

Address 8779 W 33RD AVENUE
HIALEAH GARDENS, FL 33018

Address: _____

Name and Title: MIRJA ZAMBRANO / VST

Name and Title: _____

Address 8779 W 33RD AVENUE
HIALEAH GARDENS, FL 33018

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
MIAMI-DADE COUNTY, FLORIDA

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: CHRISTIAM LEON
Address: 8779 W 33RD AVENUE
HIALEAH GARDENS, FL 33018

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHRISTIAM LEON
Address: 8779 W 33RD AVENUE
HIALEAH GARDENS, FL 33018

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MIAMI, FL 33133

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

08/26/2015
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

08/26/2015
Date