

P 15000074704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

9/14/15

COVER LETTER

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

SUBJECT: CSB TECH 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: HOSANAH BORGES, JR.

Name (Printed or typed)

123 N. Congress Avenue, #385

Address

Boynton Beach, FL 33426

City, State & Zip

7542359412

Daytime Telephone number

csbtech@outlook.com

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

DEPARTMENT OF STATE
TALLAHASSEE, FL 32314

15 SEP -9 PM 4:13

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

CSB TECH REVOCABLE TRUST
123 N CONGRESS AVENUE
#385
BOYNTON BEACH, FL 33426

SUBJECT: CSB TECH INC
Ref. Number: W15000026641

We have received your document for CSB TECH 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):

You failed to make the correction(s) requested in our previous letter.

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

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>.

Florida law requires any business entity serving in the capacity of a registered agent to have an active registration or filing on our records.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 415A00012732

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

15 SEP -9 PM 4:13

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

15 JUN 11 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

April 16, 2015

CSB TECH REVOCABLE TRUST
123 N CONGRESS AVENUE
#385
BOYNTON BEACH, FL 33426

SUBJECT: CSB TECH INC
Ref. Number: W15000026641

We have received your document for CSB TECH 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 articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

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

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of 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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 515A00007647

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: CSB TECH INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

123 N Congress Ave #385

Boynton Beach, FL 33426

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Fabrication & Marketing of technological devices, integration
softwares, automatization systems, mechanical devices, design & custom devices.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Richard JP Scully, Jr., President

Name and Title: _____

Address 123 N Congress Ave., #385

Address: _____

Boynton Beach, FL 33426

Name and Title: Hosanah Borges, Jr., Treasurer

Name and Title: _____

Address 123 N Congress Ave., #385

Address: _____

Boynton Beach, FL 33426

Name and Title: Richard JP Scully, Jr., Secretary

Name and Title: _____

Address 123 N Congress Ave., #385

Address: _____

Boynton Beach, FL 33426

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: Hosannah Borges, Jr.

Address: 123 N Congress Avenue, #385

Boynton Beach, FL 33426

ARTICLE VII INCORPORATOR

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

Name: Richard JP Scully, Jr.

Address: 123 N Congress Ave., #385

Boynton Beach, FL 33426

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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.)

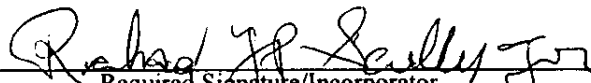
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4/10/2015
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

4/10/2015
Date