

P16000055377

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

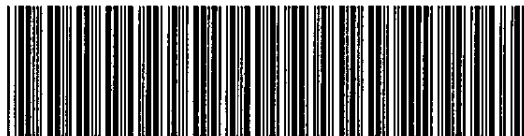
Special Instructions to Filing Officer:

Office Use Only

K16000055377

JUL 05 2016

T. SCOTT



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16 JUL - 1 AM 10:50

STATE TAX COMMISSION
DIVISION OF CORPORATE TAX



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 15, 2016

SANTIAGO CERON
17434 SW 143RD PL
MIAMI, FL 33177

SUBJECT: CM IT SOLUTIONS INC
Ref. Number: W16000005044

We have received your document for CM IT SOLUTIONS 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.

You must list at least one incorporator with a complete business 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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 616A00012470

COVER LETTER

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

RECEIVED
JUL 16 12:35 PM
TALLAHASSEE, FLORIDA

16 JUL - 1 PM 12:35

RECEIVED

SUBJECT: CM IT Solutions 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: Santiago Ceron

Name (Printed or typed)

17434 SW 143rd Pl

Address

Miami, FL 33177

City, State & Zip

(786) 493-2294

Daytime Telephone number

santiagoceron@gmail.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

The name of the corporation shall be: CM IT Solutions Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

17434 SW 143rd Pl

Miami Fl 33177

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Santiago Ceron (President)

Address 17434 SW 143rd Pl

Miami Fl 33177

Name and Title: Christian Manrique (Vice-President)

Address: 15440 SW 82 Lan

Apt 504

Miami Fl 33193

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

16 JUL - 1 AM 10:40
CLERK OF DISTRICT COURT
JANUARY 10, 2016

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: Santiago Ceron _____

Address: 17434 sw 143rd pl _____

Miami FL 33177 _____

ARTICLE VII INCORPORATOR

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

Name: Santiago Ceron _____

Address: 17434 sw 143rd pl _____

Miami Fl 33177 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/27/2016. (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

06/27/16

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

06/27/16

Date