

P180000 35271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

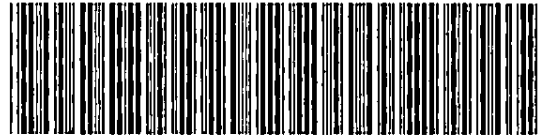
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 12 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 APR 12 PM 2:56

COVER LETTER

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

SUBJECT: CAMBRIDGE VERIFICATION 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: Barry Forester

Name (Printed or typed)

10821 Carmeleave Circle

Address

Boynton Beach, FL 33473

City, State & Zip

(973) 943-1094

Daytime Telephone number

Barry.Forester@Verizon.net

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 CAMBRIDGE VERIFICATION, INC

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10821 Carmeleove Cir

Boynton Beach, FL 33473

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The purpose includes the transaction of any lawful business for which corporations may be incorporated in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 5,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Barry Forester, CEO, SECT & TREAS

Name and Title: Militsa Ruiz, President

Address 10821 Carmeleove Circle

Address: 108 Jordan Terrace

Boynton Beach, FL 33473

Dover, NJ 07801

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Barry Forester
Address: 10821 Carmelcove Cir
Boynton Beach, FL 33473

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Barry Forester
Address: 10821 Carmelcove Cir
Boynton Beach, FL 33473


ARTICLE VIII EFFECTIVE DATE:

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

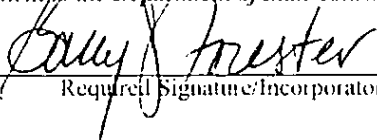
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 4/9/2018
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.

 4/9/2018
Required Signature/Incorporator Date

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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Boynton Beach, FL 33473

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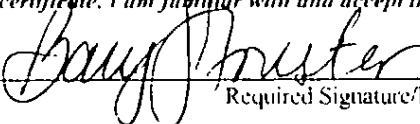
ARTICLE VIII EFFECTIVE DATE:

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

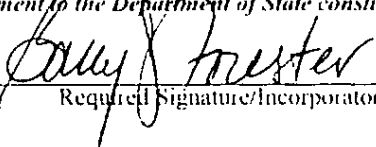
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 Required Signature/Incorporator 4/9/2018 Date