

P200000068927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

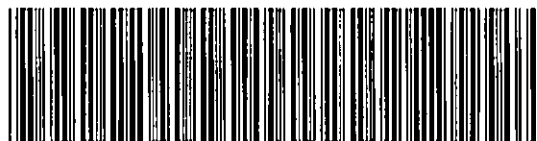
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700350494707

08/18/20--01000--012 \*\* 78.75

2020 AUG 18 AM 10:24  
STATE  
OFFICE

## COVER LETTER

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

SUBJECT: C U DOCUMENTS, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	\$78.75
Filing Fee	Filing Fee
	& Certificate of Status

[illegible]

FROM: LESLIE CAUDILL CHAVIS TAX & ACCOUNTING  
Name (Printed or typed)

24500 GODDARD RD. Address

TAYLOR, MI 48180  
City, State & Zip

313-292-5628  
Daytime Telephone number

taxchav@hotmail.com  
E-mail address: (to be used for future annual report notification)

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

2020 JUL 18 AM 10:25

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: C U DOCUMENTS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
29550 W. CAHILL CT.  
BIG PINE KEY, FL 33043

Mailing address, if different is:  
24500 GODDARD RD.  
TAYLOR, MI 48180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 60,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: TAL NOVAK, PRESIDENT

Name and Title: \_\_\_\_\_

Address 29550 W. CAHILL CT.  
BIG PINE KEY, FL 33043

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

2020 JUN 18 AM 10:25  
STATE  
OFFICE

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: TAL NOVAK

Address: 29550 W. CAHILL CT.

BIG PINE KEY, FL 33043

**ARTICLE VII INCORPORATOR**

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

Name: TAL NOVAK

Address: 29550 W. CAHILL CT.

BIG PINE KEY, FL 33043

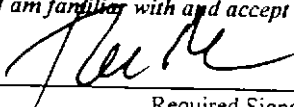
**ARTICLE VIII EFFECTIVE DATE:**

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*

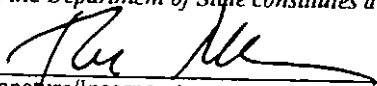


Required Signature/Registered Agent

8/1/20

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

8/1/20

Date

2020 AUG 18 AM 10:25  
FILED  
TALLAHASSEE, FL