

P200000073966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

MAIL

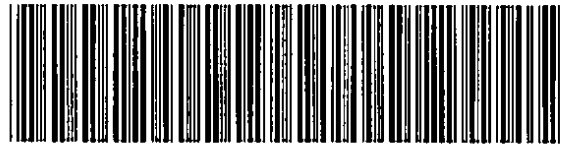
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/31/20--01018--007 **78.75

2020 AUG 31 PM 4:07
STATE
SEAL

COVER LETTER

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

SUBJECT: CFAM5, 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: April-Joy Colvin

Name (Printed or typed)

1187 Bay Drive East

Address

Indian Harbor Beach, FL 32937

City, State & Zip

(321) 946-6475

Daytime Telephone number

njoysupplies@gmail.com

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

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

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STATE
SECRET

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: CFAM5, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1187 Bay Drive East
Indian Harbor Beach, FL 32937

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide insurance solutions as an independent insurance broker.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: April-Joy Colvin, President

Name and Title: _____

Address 1187 Bay Drive East
Indian Harbor Beach, FL 32937

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

2020 AUG 31

PM 4:07

STATE OF FL

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: April-Joy Colvin
Address: 1187 Bay Drive East
Indian Harbor Beach, FL 32937

ARTICLE VII INCORPORATOR

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

Name: April-Joy Colvin
Address: 1187 Bay Drive East
Indian Harbor Beach, FL 32937

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

April-Joy Colvin
Required Signature/Registered Agent

8/24/2020
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.

April-Joy Colvin
Required Signature/Incorporator

8/24/2020
Date

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OF FLORIDA