

P210000032112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

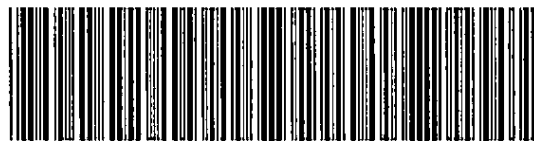
(Business Entity Name)

(Document Number)

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

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U.S. DEPT. OF STATE  
DIVISION OF CORPORATIONS  
21 MAR 15 AM 6:07

## COVER LETTER

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

SUBJECT: C M, BATHROOM, KITCHEN AND INTERIOR Remodeling 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: COLLIN MARAGH  
Name (Printed or typed)

5701 SUMMERDALE DRIVE SE 203  
Address

DAVIE FL 33314  
City, State & Zip

732-912 6685  
Daytime Telephone number

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

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
21 MAR 15 AM 6:07

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.M. Bathroom, Kitchen And Interior Remodeling INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address: 5701 Summerlake Drive Suite 203  
DAVIE Florida 33314

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and All Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 100%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Collin MARAGH P. Name and Title:

Address: 5701 Summerlake Dr. Address:  
Suite 203  
DAVIE Florida 33314

Name and Title: Collin MARAGH D. Name and Title:

Address: 5701 Summerlake Dr. Address:  
Suite 203 DAVIE  
Florida 33314

Name and Title: Name and Title:

Address: Address:

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CLERK OF DISTRICT COURT  
21 MAR 15 AM 6:07

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:

Collin MARAGH

Address:

5701 Summerlake Drive  
Suit 203 DAVIE FL 33314

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Collin MARAGH

Address:

5701 Summerlake Drive  
Suit 203 DAVIE FL 33314

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 03-15-2021 (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

\_\_\_\_\_  
Date

03-09-2021

*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

\_\_\_\_\_  
Date

03-09-2021

FILED  
SECRETARY OF STATE  
JESSICA L. BROWN  
24 MAR 15 AM 6:07