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(Requestor's Name)						
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(Address)						
(City/State/Zip/Phone #)						
☐ PICK-UP ☐ WAIT ☐ MAIL						
(Business Entity Name)						
(Line Hoos Line)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer						

Office Use Only



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SECRETARY OF STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

				
CBD Station Inc.				
			ł	
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
			· 	Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
				Fictitious Owner Search
Signature				Vehicle Search
	-	_		Driving Record
Requested by: SETH				UCC 1 or 3 File
<u></u>	04/15/21			UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

COVER LETTER

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

SUBJECT: CBD Station Inc	
(PROPOSED CORPORAT	TE NAME – <u>MUST INCLUDE SUFFIX</u>)
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a check for:
\$70.00 Filing Fee & Certificate of Status	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: <mark>Karim Lakhani</mark> Name	(Printed or typed)
3800 US HWY 98N STE	176
Lakeland, FL 33809	State & Zip
4073836000 Daytime Te	elephone number
wiwinc@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 CBD Station Inc		
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing ac	ldress, if different is:
	3800 US HWY 98N STE 176		
	Lakeland, FL 33809		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Sale of CBE			
ARTICLE IV	<u>SHARES</u>		
The number of sh	nares of stock is: 1		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECT	NDE.	
	Title: Karim Lakhani, President		
Address:	3800 US HWY 98N STE 176		
	Lakeland, FL 33809		
Name and Address:	Title:		
Address:			
			·
			-
	Title:		
Address:	 .	Address:	· · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · ·		<u></u>
ARTICLE VI	REGISTERED AGENT		S.W.S.
The <u>name and F</u>	lorida street address (P.O. Box NOT acceptable	e) of the registered agent is:	<u></u> 5
Name:	Karim Lakhani		20
Address:	3800 US HWY 98N STE 176		
	Lakeland, Ft 33809		· · · · · · · · · · · · · · · · · · ·
ARTICLE VII	INCORPORATOR		\sim
	ddress of the Incorporator is:		3.5
Name:	Karim Lakhani		7
Address:	3800 US HWY 98N STE 176	<u> </u>	
	Lakeland, FL 33809		
Uanina basa na	mand on manipulation of surround to a contract and a contract of the contract		
rruving been nui this certificate 1	med as registered agent to accept service of pro am familiar with and accept the appointment as	registered agent and agree to a	ranon at me piace aesignatea i et in this congeits
cernyreane, r	am jamina min and accept the appointment as	reginerea agent anti agree to a	си ть сарасиу
سيتناث المتسب			4/19/2021
	Required Signature/Registered Agent		Date
I submit this do	cument and affirm that the facts stated herein	are true. I am aware that the	false information submitted in
document to the	Department of State constitutes a third degree fe	lony as provided for in s.817.15	75, F.S.
			4/19/2021
	Required Signature/Incorporator		Date