

P21000084256

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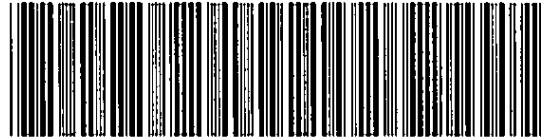
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 SEP 23 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: CPB Accounting and Consulting 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 Filing Fee
☒ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Carolann Brockman
Name (Printed or typed)

9052 Artist Place
Address

Lake Worth FL 33467
City, State & Zip

561-351-0664
Daytime Telephone number

Cpbbookkeeping@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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TALLAHASSEE, FL 32314

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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: CPB Accounting and Consulting Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3900 Woodlake Blvd
Suite 206-A
Greenacres, FL 33463

Mailing address, if different is:
P.O. Box 540068
Lake Worth FL 33454

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: financial services in accounting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolann Brockman, Pd
Address: 9052 Artist Pl
Lake Worth FL 33467

Name and Title: Kenneth Brockman, VP
Address: 9052 Artist Pl
Lake Worth FL 33467

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY
TALLENTS

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: Carolann Brockman

Address: 9052 Artist PL
Lake Worth FL 33467

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Carolann Brockman

Address: 9052 Artist PL
Lake Worth FL 33467

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:

Carolann Brockman

Required Signature/Registered Agent

9/16/21

Date

Carolann Brockman

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.

Carolann Brockman

Required Signature/Incorporator

9/16/21

Date

Carolann Brockman

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TALLAHASSEE, FL