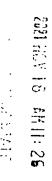
P210000097997

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

Office Use Only



500374815745



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

Inone. 030 330 1300
ACCOUNT NO. : 12000000195
REFERENCE : 253668 7791786
AUTHORIZATION:
COST LIMIT: \$ 70.00
ORDER DATE: November 17, 2021
ORDER TIME : 9:51 AM
ORDER NO. : 253668-005
CUSTOMER NO: 7791786
DOMESTIC FILING
NAME: CBRB PROPERTIES, INC.
EFFECTIVE DATE:
XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS:

COVER LETTER

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

SUBJECT:	CBRB Properties, Inc.			
3000 C	(PROPOSED CORPOR	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)	
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	I a check for:	
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy		
		ADDITIONAL CO		
FROM:	Name	e (Printed or typed)		
	 	Address		
_	City,	State & Zip		
_	Daytime T	elephone number		
	E-mail address: (to be use	d for future annual report r	otification)	

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 The name of the	<u>NAME</u> e corporation shall be:	CBRB Propertie	es, Inc.			
ARTICLE II 5483 Leeper	PRINCIPAL OFFICE Principal street			Mailing address,	if different is:	
ARTICLE III The purpose fo	PURPOSE r which the corporation is	s organized is: Any and a	all lawful business	i.		
					2021 110	
	shares of stock is:				18 MH: 26	
Name Addre	5483 Leeper	r, President and Director Drive each, FL 33407	Name and Title Address:	5483 Leeper I	n, Secretary & Directory Drive each, FL 33407	жог ———
Name a	West Palm Be	Drive	Name and Title Address:			
Name a	and Title:		Name and Title	·		
			- -			

Name a	and Title:	Name and Title:
Addre	ss	Address:
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT accepta	ble) of the registered agent is:
Name:	Corporation Service Company	bie) of the registered again is:
Address:	1201 Hays Street	
	Tallahassee, FL 32301	
ARTICLE VII	<u>INCORPORATOR</u>	
The name and	address of the Incorporator is:	
Name:	Kathleen M. La Rock	
Address:	200 Ottawa Ave., NW, Ste. 500	
	Grand Rapids, MI 49503	
	EFFECTIVE DATE:	
Effective date, i (If an effective filing.)	if other than the date of filing: date is listed, the date must be specific and	cannot be more than five days prior or 90 days after the
Note: If the da	te inserted in this block does not meet the appl effective date on the Department of State's re-	licable statutory filing requirements, this date will not be listed cords.
Having been na certificate, I am	med as registered agent to accept service of pro familiar with and accept the appointment as r	ocess for the above stated corporation at the place designated in egistered agent and agree to act in this capacity
	Eylina Bahor	11/18/2021
	Required Signature/Registered Ager	
	ocument and affirm that the facts stated herei	in are true. I am aware that the false information submitted efelony as provided for in s.817.155, F.S.