

P23000015373

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

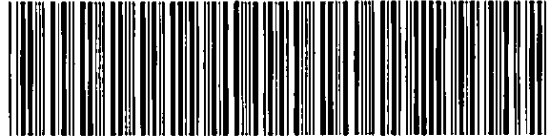
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CB Top Bar Home 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: Cecilia A. Walsh
Name (Printed or typed)

146 Weybridge Cir APT A
Address

Royal Palm Beach, FL 33411-1518
City, State & Zip

775-450-7359
Daytime Telephone number

Bkarp146@aol.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL 32314

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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

The name of the corporation shall be: CB Top Bar Home INC

ARTICLE II PRINCIPAL OFFICE

Principal street address: 146 Weybridge Cir APTA
Royal Palm Beach, FL 33411-1518

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Professional Home Repair

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Cecilia A. Walsh, President</u>	Name and Title:	_____
Address:	<u>146 Weybridge Cir</u>	Address:	_____
	<u>APTA</u>		_____
	<u>Royal Palm Beach, FL 33411</u>		_____

Name and Title:	<u>Bryon W. Karp, Vice President</u>	Name and Title:	_____
Address:	<u>146 Weybridge Cir</u>	Address:	_____
	<u>APTA</u>		_____
	<u>Royal Palm Beach, FL</u>		_____
	<u>33411</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____
	_____		_____

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TALLAHASSEE, FL 32307
SECRETARY OF STATE

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: Bryon W. Karp

Address: 146 Weybridge Cir APT A
Royal Palm Beach, FL 33411

ARTICLE VII INCORPORATOR

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

Name: Bryon W. Karp

Address: 146 Weybridge Cir APT A
Royal Palm Beach, FL 33411

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

Bryon W Karp

Required Signature/Registered Agent

4 FEB 2023
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.

Bryon W Karp

Required Signature/Incorporator

4 FEB 2023
Date

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