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2023

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Corporate Business Solutionz, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Dr. Cappila Gaines
Name (Printed or typed)

301 W. State Road 434, Suite 345
Address

Winter Springs, Florida 32708
City, State & Zip

888-328-7279
Daytime Telephone number

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

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

EIN 92-2699752

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: Corporate Business Solutionz, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address <u>301 W. State Road 434</u> <u>Suite 345</u> <u>Winter Springs, FL 32707</u>	Mailing address, if different is: _____ _____ _____
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all legal purposes

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Dr. Cappila Gaines, President</u>	Name and Title: _____
--	-----------------------

Address <u>301 W. State Road 434</u>	Address: _____
<u>Suite 345</u>	_____
<u>Winter Springs, FL 32707</u>	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
-----------------------	-----------------------

Address _____	Address: _____
_____	_____
_____	_____

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: Dr. Cappila Gaines
Address: 301 W. State Road 434, Suite 345
Winter Springs, FL 32707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Cappila Gaines
Address: 301 W. State Road 434, Suite 345
Winter Springs, FL 32707

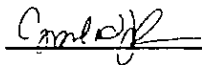
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/02/2023 (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

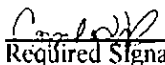


Required Signature/Registered Agent

03/06/2023

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.



Required Signature/Incorporator

03/06/2023

Date