

P230000 43644

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

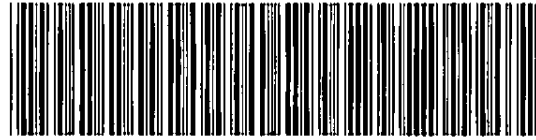
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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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Office Use Only



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2023 JUN -7 PM 4:32

SECRETARY OF  
TALLAHASSEE FL 0910

20

2023 JUL -5 PM 3:56

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from this account: 120210000160 : \$70.00

Authorization Signature



CBP Logistics, Inc

BUSINESS

DOC#

Certified Copy of Articles

Certificate of Status

### NEW FILINGS

- Profit Corp
- Not for Profit
- Officer/Director
- Limited Liability
- Domestication
- Other
- CORP
- LLLP

### AMENDMENTS

- X Amendment
- Resignation of R.A. or member
- Dissolution
- Change of Registered Agent
- Revocation of Dissolution
- Merger
- Conversion
- Amended and restated Articles
- Statement of Authority

### OTHER FILINGS

- Trademark
- Annual Report
- Fictitious Name
- APOSTILLE Country

### REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

SUBJECT: CBP Logistics, 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: Claudia Escobar Reyes  
Name (Printed or typed)

6075 W Commercial Blvd  
Address

Tamarac, FL 33319  
City, State & Zip

954-724-4141  
Daytime Telephone number

claudia@cbsfinancialcpa.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

The name of the corporation shall be: CBP Logistics, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
6075 W Commercial Blvd.  
Tamarac, FL 33316

Mailing address, if different is:  
6075 W Commercial Blvd.  
Tamarac, FL 33316

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CBP CHILE SPA - P

Name and Title: \_\_\_\_\_

Address LO Fontecilla 101 Of 313

Address: \_\_\_\_\_

Torre A PS 3, Las Condes

Region Metropolitana, Santiago, Chile

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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2023 JUN - 7 PM 4:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: CBS Financial CPA PA  
Address: 6075 W Commercial Blvd  
Tamarac, FL 33319

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Pia Echenique  
Address: 6075 W Commercial Blvd  
Tamarac, FL 33319

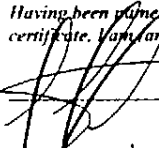
**ARTICLE VIII EFFECTIVE DATE:**

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.)

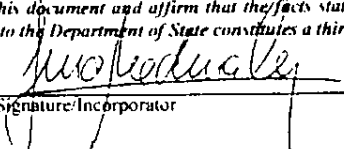
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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.*

  
\_\_\_\_\_  
Required Signature/Registered Agent

06/02/2023  
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.*

X   
\_\_\_\_\_  
Required Signature/Incorporator

06 02 2023  
Date

**FILED**  
2023 JUN -7 PM 4:32  
STATE JURY OF FLORIDA  
TALLAHASSEE, FL 09101