

P97000067499

TRANSMITTAL LETTER

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

SUBJECT: C.B.S.L. ENTERPRISES, INC.  
(Proposed corporate name - must include suffix)

200002255152--5  
-08/01/97--01081--008  
\*\*\*\*122.50 \*\*\*\*122.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate

☒ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: CAROL LIEBERMAN  
Name (Printed or typed)

20639 N.E. 25 AVE  
Address

MIAMI, FL 33180  
City, State & Zip

(305) 933-9777  
Daytime Telephone number

FILED  
97 AUG - 1 PM 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

B. REGISTER AUG 5 1997

## ARTICLES OF INCORPORATION

*The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

### ARTICLE I NAME

The name of the corporation shall be:

C.B.S.L. ENTERPRISES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

20639 N.E. 25 Ave  
Miami, FL 33180

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 @ \$1.00 each

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

CAROL LIEBERMAN  
20639 N.E. 25 Ave  
Miami, FL 33180

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TALLAHASSEE, FLORIDA

**ARTICLE V INCORPORATOR(S)**

**See instructions for officers/directors**

**The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):**

CAROL LIEBERMAN - PRESIDENT/SECRETARY  
LOYED LIEBERMAN - VICE PRESIDENT/TREASURE  
20639 N.E. 25 AVE.  
MIAMI, FL 33180

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

7 day of July, 19 97.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: C.B.S.L. ENTERPRISES, INC.
2. The name and address of the registered agent and office is:

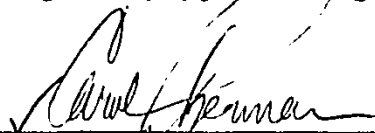
CAROL LIEBERMAN  
(NAME)

20639 N.E. 25 Ave  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

MIAMI, FL 33180  
(CITY/STATE/ZIP)

**FILED**  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

7/7/97  
(DATE)