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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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16 FEB -9 PM 2:19

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
C.S. CAULKINS COMPANY, INC.**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$87.50

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MD 2/10

COVER LETTER

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

SUBJECT: C.S. Caulkins Company, 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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Robert K. Butterfield

Name (Printed or typed)

10021 Willow Creek Road, Suite 200

Address

San Diego, California 92131

City, State & Zip

858-444-2312

Daytime Telephone number

rbutterfield@bsllp.com

E-mail address: (to be used for future annual report notification)

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME C.S. Caulkins Company, Inc.
The name of the corporation shall be:

Principal street address
3200 North Ocean Boulevard, Unit 2609

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____ to conduct business for any purpose allowed to be conducted by
this corporation under Florida law.

ARTICLE IV SHARES 1,000
The number of shares of stock is:

Name and Title: Craig S. Caulkins (President/CFO/Treasurer/Director)

Name and Title: _____

Address: _____

Name and Title: Colleen R. Caulkins (Secretary/Director)

Name and Title.

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: Craig S. Caulkins
Address: 3200 North Ocean Boulevard, Unit 2609
Fort Lauderdale, Florida 33308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert K. Butterfield
Address: 10021 Willow Creek Road, Suite 200
San Diego, California 92131

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 business days prior or 90 business 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

February 4, 2016

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

February 8, 2016

Date

16 FEB -9 PM 2:19
2016