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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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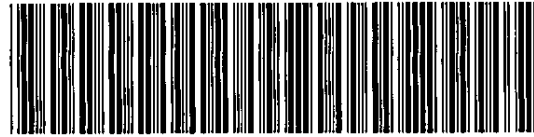
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

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

SUBJECT: CASALINS INTERNATIONAL CORPORATION

(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: CARLOS ANDRES CASALINS

Name (Printed or typed)

12415 SW 185 STREET

Address

MIAMI, FL 33177

City, State & Zip

(305) 305-5836

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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:

CASALINS INTERNATIONAL CORPORATION.

## **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

12415 SW 185 STREET MIAMI, FL 33177

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

DO BUSINESS IN FLORIDA

## **ARTICLE IV      SHARES**

The number of shares of stock is:

300

## **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

CARLOS ANDRES CASALINS - 12415 SW 185 STREET MIAMI, FL 33177 \PS\T

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TALLAHASSEE, FLORIDA

## **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

CARLOS ANDRES CASALINS - 12415 SW 185 STREET MIAMI, FL 33177

## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

CARLOS ANDRES CASALINS - 12415 SW 185 STREET MIAMI, FL 33177

\*\*\*\*\*

*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*

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

\_\_\_\_\_  
Signature/Incorporator

05/17/07  
Date

05/17/07  
Date

<b>Form SS-4</b> (Rev. December 2001) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) <b>▶ See separate instructions for each line. ▶ Keep a copy for your records.</b>	<b>EIN</b>  26-0190390  OMB No 1545-0003
1* Legal name of entity (or individual) for whom the EIN is being requested CASALINS INTERNATIONAL CORPORATION		
2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name CARLOS ANDRES CASALINS
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 12415 SW 185 STREET		5a Street address (if different) (Do not enter a P.O. box)
4b* City, state, and ZIP code MIAMI FL 33177 -		5b City, state, and ZIP code
6* County and state where principal business is located County MIAMI DADE State FL		
7a* Name of principal officer, general partner, grantor, owner, or trustor CARLOS ANDRES CASALINS		7b* SSN, ITIN, EIN 768-09-7239
8a* Type of entity (check only one) <input type="checkbox"/> Sole Proprietor (SSN) <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ S <input type="checkbox"/> Personal Service <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Estate (SSN of decedent)  <input type="checkbox"/> Plan administrator (SSN)  <input type="checkbox"/> Trust (SSN of grantor)  <input type="checkbox"/> National Guard  <input type="checkbox"/> Farmers' cooperative  <input type="checkbox"/> REMIC            Group Exemption NO. (GEN) ▶         </div> <div> <input type="checkbox"/> State/local government  <input type="checkbox"/> Federal government/military  <input type="checkbox"/> Indian tribal government/enterprises         </div> </div>		
8b* If a corporation, name the state or foreign country (if applicable) where incorporated State FL Foreign country		
9* Reason for applying (check only one) <input checked="" type="checkbox"/> Started new business (specify type) ▶ Wireless services <input type="checkbox"/> Hired employees (Check the box and see line 12) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div> <input type="checkbox"/> Banking purpose (specify purpose) ▶  <input type="checkbox"/> Changed type of organization (specify new type) ▶  <input type="checkbox"/> Purchased going business  <input type="checkbox"/> Created a trust (specify type) ▶  <input type="checkbox"/> Created a pension plan (specify type) ▶         </div> </div>		
10* Date business started or acquired (month, day, year) MAY 17 2007		11* Closing month of accounting year DEC
12 First date wages or annuities were paid or will be paid (month, day, year) <i>Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)</i> ▶ JUN 17 2007		
13 Highest number of employees expected in the next twelve months <i>Note: If the applicant does not expect to have any employees during the period, enter "-0-"</i> ▶		Agriculture Household Other <div style="text-align: center;">0</div>
14* Check box that best describes the principal activity of your business <input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input checked="" type="checkbox"/> Other (specify) Sales <input type="checkbox"/> Retail		
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. cell phones and accessories		
16a* Has the applicant ever applied for an employer identification number for this or any other business? ..... Yes <input checked="" type="checkbox"/> No <i>Note: If "Yes" please complete lines 16b and 16c</i>		
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above. Legal name ▶ Trade name ▶		
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known. Approximate date when filed (month, day, year) City and state where filed Previous EIN		
Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form		
Third Party Designee	Designee's name Address and ZIP code	Designee's telephone number (include area code) ( ) - Designee's fax number (include area code) ( ) -
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete Name and title (type or print clearly)		Applicant's telephone number (include area code)