

F15000004554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

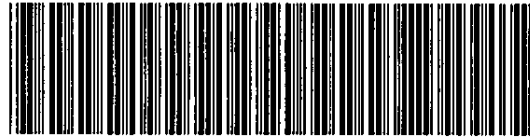
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

no cert. WIS 62853

Office Use Only



000277215700

03/21/15--01016--016 **78.75

FILED

2015 OCT 13 P 2:36

CLERK OF STATE
TALLAHASSEE, FLORIDA

OCT 14 2015

S MASON



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 22, 2015

MOHAMED SOLIMAN
1885 SHORE DRIVE SOUTH #411
SOUTH PASADENA, FL 33707

SUBJECT: CALI CUSTOMIZATIONS INC.
Ref. Number: W15000062853

We have received your document for CALI CUSTOMIZATIONS INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason
Regulatory Specialist II

Letter Number: 115A00019970

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALI CUSTOMIZATIONS INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:
MOHAMED SOLIMAN

Name of Person

CALI CUSTOMIZATIONS INC.

Firm/Company

1885 SHORE DRIVE SOUTH #411

Address

SOUTH PASADENA, FL 33707

City/State and Zip code

FADYKHALIFA88@GMAIL.COM

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

For further information concerning this matter, please call:

MOHAMED SOLIMAN

at (619) 274-3987

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. CALI CUSTOMIZATIONS INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")
- CALI SHIRT CUSTOMIZATIONS INC.
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. CALIFORNIA 3. 47-3629342
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03-23-2015 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. JULY 15, 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 303 301 BLVD. WEST BRADENTON, FL 34205
(Principal office address)
- _____
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: MOHAMED SOLIMAN

Office Address: 1885 SHORE DRIVE SOUTH #411

SOUTH PASADENA, Florida 33707
(City) (Zip code)

FILED
2015 OCT 13 P 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: MOHAMED SOLIMAN

Address: 1885 SHORE DRIVE SOUTH #411

SOUTH PASADENA, FL 33707

Director: FADY KHALIFA

Address: 21252 BEACH BLVD. A208

HUNTINGTON BEACH, CA 92648

B. OFFICERS

President: MOHAMED SOLIMAN

Address: 1885 SHORE DRIVE SOUTH #411

SOUTH PASADENA, FL 33707

Vice President: MOHAMED SOLIMAN

Address: 1885 SHORE DRIVE SOUTH #411

SOUTH PASADENA, FL 33707

Secretary: MOHAMED SOLIMAN

Address: 1885 SHORE DRIVE SOUTH #411 SOUTH PASADENA, FL 33707

Treasurer: FADY KHALIFA

Address: 21252 BEACH BLVD. A208 HUNTINGTON BEACH, CA 92648

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. *M Soliman*

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. *Mohamed Soliman. C.E.O*

(Typed or printed name and capacity of person signing application)

FILED
2015 OCT 13 P 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California
Secretary of State

CERTIFICATE OF STATUS

ENTITY NAME:

CALI CUSTOMIZATIONS INC

FILE NUMBER: C3769818
FORMATION DATE: 03/23/2015
TYPE: DOMESTIC CORPORATION
JURISDICTION: CALIFORNIA
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,
hereby certify:

The records of this office indicate the entity is authorized to
exercise all of its powers, rights and privileges in the State of
California.

No information is available from this office regarding the financial
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate
and affix the Great Seal of the State of
California this day of September 30, 2015.

ALEX PADILLA
Secretary of State