# P01080043754 Transmittal Letter

Department of State Division of Corporation P O Box 6327 Tallahassee FL 32314

# Subject: CALS INVESTORS INC

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

- () \$70.00 Filing Fee
- ( \$78.50 Filing Fee & Certificate
- () \$122.50 Filing Fee & Certified Copy
- () \$131.25 Filing Fee, Certified Copy & Certificate

300004100523---9 -05/01/01--01019--003 \*\*\*\*\*\*78.50 \*\*\*\*\*\*78.50

From:

Shaffina Calideen 4673 Chariot Circle Greenacres, FL 33463

Ph: 561-963-5512

5,200

### **Article 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 Incorporations.

#### Article I Name

The name of the corporation shall be:

#### CALS INVESTORS INC

#### Article II

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

4673 Chariot Circle Greenacres, FL 33463

#### Article III Shares

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

#### 1000 common

# Article IV Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Shaffina Calideen 4673 Charoit Circle Greenacres, FL 33463



## Article V Incorporators(s)

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

4673 Chariot Circle Greenacres, FL 33463

The undersigned in	ncorporator(s) has (have)	executed the Articles	s of Incorporation this	
27 m	day of April	2001	·	-

Signature: Shaffina Calideen
Shaffina Calideen

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, 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	e of the corporation is:	CALS IN	VESTORS	INC
2. The name	e and address of the re	gistered agent a	nd office is:	OI APR
	SHAFFINA	CALIDE	EN	30 11
		(Name)		
	4673 CHA			15 1. 5 
	(P.C	D. Box <u>not</u> accepta	able)	į, <b>'</b>
	GREENMARI	Es FL	38463	
		(City/State/Zip)		
Having been above stated the appoint to comply wi mance of my	n named as registered a d corporation at the pla nent as registered ager ith the provisions of all of agent	agent and to acc ce designated in it and agree to a statutes relating ar with and acce	ept service of po this certificate, ect in this capaci to the proper ar pt the obligation	rocess for the I hereby accept ty. I further agree nd complete perfor s of my position
as registered	agent.			
× Shaffer	ra Calideen		04-27-	<u>0</u>
0,4	(Signature)		(Da	TE)