

Pa2000108186  
TRANSMITTAL LETTER

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

100008228081--A  
-10/07/02--01021--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

**SUBJECT:** **Calivas Enterprises, Inc.**  
(Proposed corporate name – must include suffix)

FILED  
02 OCT -7 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee & Certificate

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee Certified Copy & Certificate of Status

**ADDITIONAL COPY REQUIRED**

FROM Pleiman & Co., PA  
9471 Baymeadows Road, Suite 308  
Jacksonville, FL 32256  
(904) 448-5005

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

g10/8

**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

Calivas Enterprises, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

533 Pine Forest Trail, Orange Park, FL 32073

**ARTICLE III PURPOSE**

The purpose of which the corporation is organized is:

Home Building Investments

**ARTICLE IV SHARES**

The number of shares of stock is:

One Hundred (100)

**ARTICLE V INITIAL OFFICERS/DIRECTORS (OPTIONAL)**

The name(s) address(es) and title(s):

Bill T. Calivas; President/Owner/Director

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Thomas C. Pleiman, Jr.  
9471 Baymeadows Road, Suite 308  
Jacksonville, FL 32256

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

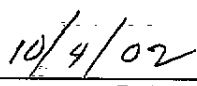
Pleiman & Company PA  
9471 Baymeadows Road, Suite 308  
Jacksonville, FL 32256

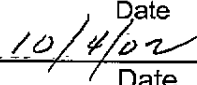
(An additional article must be added if an effective date is requested)

*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 am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

FILED  
02 OCT -7 AM 10:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA