

P03000044264

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

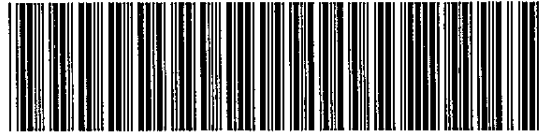
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED

03 APR 21 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

03 APR 21 AM 11:06

STATE
REGISTRARS
TALLAHASSEE, FLORIDA

OB 4/31

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- CAL CLAIR, INC.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF INCORPORATION
OF
CAL CLAIR, INC.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation under the Florida Business Corporation Act, adopts the following Articles of Incorporation for such corporation:

1. The name of the corporation is Cal Clair, Inc.
2. The period of its duration is perpetual.
3. The purpose is to engage in any activities or business permitted under the laws of the United States and Florida.
4. The corporation shall have the authority to issue 10,000 shares of common stock, all of one class, \$1.00 par value each.
5. The address of its initial registered office is 3900 Lake Center Drive, Suite A-5, Mount Dora, Florida 32757, and the name of its initial Registered Agent at said address is Patricia R. Mueller.
6. The address of the principal business office and mailing address in the State of Florida is 1318 W. Land Avenue, Tavares, Florida 32778.
7. The number of Directors constituting its initial Board of Directors is one (1) whose names and addresses are as follows:

Calvin C. Blake	1318 W. Land Avenue, Tavares, Florida 32778
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8. The name and address of the incorporator is:

Patricia R. Mueller	3900 Lake Center Drive, Suite A-5, Mount Dora, Florida 32757
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9. The effective date of Incorporation shall be the date of filing with the Secretary of State.

Date: April 17, 2003

Patricia R. Mueller
Patricia R. Mueller

STATE OF FLORIDA
COUNTY OF LAKE

The foregoing instrument was acknowledged before me this 17 day of April, 2003, by Patricia R. Mueller, and who:
(☒) is/are personally known to me.
() produced Florida driver's license(s) as identification.
() produced _____ as identification.



Pamela S. Cord
MY COMMISSION # CC708919 EXPIRES
March 27, 2004
BONDED THRU TROY FAIN INSURANCE, INC.

Pamela S. Cord
Notary Public
Print Name: _____
My commission expires: _____

REGISTERED AGENT ACCEPTANCE

Having been named as Registered Agent to accept service of process for the above referenced corporation, at the place designated in the Articles of Incorporation, I hereby accept the appointment as Registered Agent, and I am familiar with and agree to comply with the provisions of the said Act relative to the obligations of that position and keeping open said office.

Patricia R. Mueller
Patricia R. Mueller

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TALLAHASSEE, FLORIDA