

P03000046196

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PICK-UP

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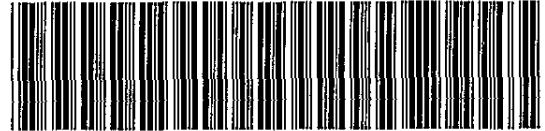
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/25/03--01033--011 **78.75

RECEIVED
03 APR 25 AM 10:42
DIVISION OF CORPORATION

FILED
2003 APR 25 PM 12:51
TALLAHASSEE FLORIDA

15/12/25/03

FILED

2003 APR 25 PM 12:51

CLERK OF STATE
TALLAHASSEE FLORIDA

OFFICE USE ONLY(DOCUMENT #)

LAZARUS CORPORATE FILING SERVICE

3320 S.W. 87 AVENUE

MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

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

1. CALVETS CORPORATION
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00 ☒ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

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2003 APR 25 PM 12:51

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

CALVETS CORPORATION

The undersigned incorporators, for the propose of forming a corporation Under the Florida Business Corporation Act. Hereby adopt the following Articles of Incorporation.

ARTICLE 1 (NAME)

CALVETS CORPORATION

*This Corporation shall have perpetual existence, unless sooner dissolved in Accordance with the Laws of the State of Florida.
Corporate existence shall commence at the time of filling of the Articles by the Department of State, State of Florida.*

ARTICLE III-PRINCIPAL OFFICE

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

12230 SW 184 ST.
MIAMI, FLORIDA, 33177

ARTICLE IV-CAPITAL STOCK

*____The number of shares of stock that this corporation is authorized to Have Outstanding any one time is:
This corporation is authorized to issue 100 SHARES of \$1.00 par value stock, which shall be designated:*

ARTICLE -V-

INITIAL BOARD OF DIRECTORS

This corporation shall have 1 Directors may be either increased or dismissed from time by the Law but shall never be less than one. The name and address of the initial director of this Corporation is:

PRESIDENT/DIRECTOR: OTILIA CALVET

12230 SW 184 ST.

MIAMI, FLORIDA, 33177

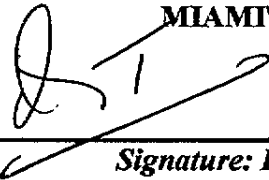
ARTICLE- VI

INITIAL REGISTERED AGENT AND ADDRESS

OVIDIO R. CALVET TRELLES

12230 SW 184 ST.

MIAMI, FLORIDA, 33177

A handwritten signature in black ink, appearing to be 'OT' with a long horizontal stroke extending to the right.

Signature: REGISTERED AGENT

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII

AMENDMENT

This Corporation reserves the right to amend or repeal any provision contained in these articles of Incorporation, or any amendment hereto, any right conferred upon the shareholders is subject to this reservation.

INCORPORATORS

The name of these incorporators executing these Articles of this incorporation is:

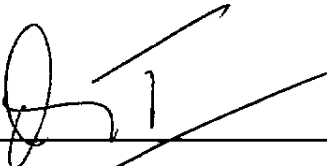
DATE: 04/23/2003



President/Director

**CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICER**

Having been named as Registered Agent and to accept service of process for the above state corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to accept to act in this capacity. I further agree to comply with the provisions of all statutes related 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 Signature