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STATE  
TALLAHASSEE, FLORIDA

03 MAY -8 AM 9:05

FILED

3 MAY 16 2003

## TRANSMITTAL LETTER

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

SUBJECT: Calliope Enterprises, Ltd.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and <sup>two (2)</sup> one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee  
& Certificate of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

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

ADDITIONAL COPY REQUIRED

FROM: Jack J. Kornreich

Name (Printed or typed)

6189 NW 23rd Road

Address

Boca Raton, FL 33434

City, State & Zip

(561) 218-0222

Daytime Telephone number

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

**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: Calliope Enterprises Corp.

**ARTICLE II - PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6189 NW 23<sup>rd</sup> Road, Boca Raton, FL 33434

**ARTICLE III - PURPOSE**

The purpose for which the corporation is organized is: to carry on any permissible non-professional business in the State of Florida.

**ARTICLE IV - SHARES**

The number of shares of stock is: One (100) Hundred

**ARTICLE V - INITIAL OFFICERS/DIRECTORS**

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

Jack J. Kornreich, 6189 NW 23<sup>rd</sup> Road, Boca Raton, FL 33434  
President and Director

**ARTICLE V - REGISTERED AGENT**

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

Jack J. Kornreich, 6189 NW 23<sup>rd</sup> Road, Boca Raton, FL 33434

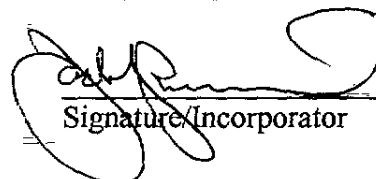
**ARTICLE VI - INCORPORATOR**

The name and address of the Incorporator is:

Jack J. Kornreich, 6189 NW 23<sup>rd</sup> Road, Boca Raton, FL

*Having been named as registered agent 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      5/6/03  
Date

  
\_\_\_\_\_  
Signature/Incorporator      5/6/03  
Date

03 MAY -8 AM 9:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED