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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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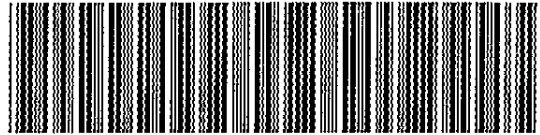
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
03 JUN -9 AM 8:55

TRANSMITTAL LETTER

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

SUBJECT: The Caliper Consultants, Inc.
(Proposed corporate name- must include suffix)

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

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certification of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee Certified Copy & Certificate of Status Additional Copy Required
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FROM: Lisa Lorenzo
Name (Printed or typed)

860 North Orange Avenue #166
Address

Orlando, Florida 32801
City, State & Zip

407-246-0221
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:

The Caliper Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

860 North Orange Avenue, #166, Orlando Florida 32801

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activities or business permitted under the laws of the United States and the State of Florida

ARTICLE IV SHARES

The number of shares of stock is:

One thousand (1000) Shares at one dollar (\$1.00) par value

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Lisa Lorenzo 860 North Orange Avenue, #166, Orlando Florida 32801

ARTICLE VI REGISTERED AGENT

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

Lisa Lorenzo 860 North Orange Avenue, #166, Orlando Florida 32801

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lisa Lorenzo 860 North Orange Avenue, #166, Orlando Florida 32801

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

Lisa Lorenzo RN, BSN, BC
Signature/Registered Agent

Date

Lisa Lorenzo RN, BSN, BC
Signature/Incorporator

Date

7-3-03

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