

PO4000025988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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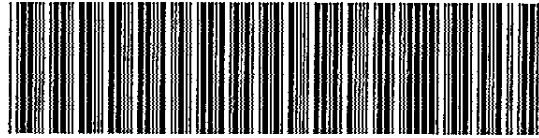
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

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

SUBJECT: CALFRAN, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and 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: CALFRAN, INC.  
Name (Printed or typed)

1118 S.E. 14TH ST.  
Address

CAPE CORAL, FL 33990  
City, State & Zip

239-822-0173  
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:

CALFRAN, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1118 S.E. 14TH ST.  
CAPE CORAL, FL 33990

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

MAURICIO CALDERON - PRESIDENT, VICE PRESIDENT  
MONICA NASSER - SECRETARY, TREASURER

## ARTICLE VI REGISTERED AGENT

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

MAURICIO CALDERON  
1118 S.E. 14TH ST.  
CAPE CORAL, FL 33990

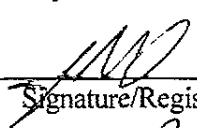
## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

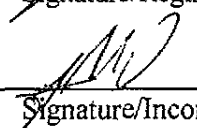
MAURICIO CALDERON  
1118 S.E. 14TH ST.  
CAPE CORAL, FL 33990

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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

01/28/04  
\_\_\_\_\_  
Date

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

01/28/04  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA