

Pa 000114969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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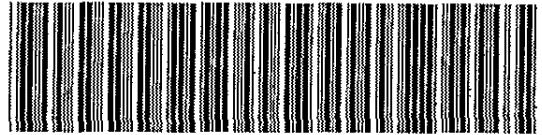
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa

COVER LETTER

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

SUBJECT: Caballero Professional Services 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: Eduardo Caballero - Maria Rivera
Name (Printed or typed)

9453 Emily Loop apt #105
Address

orlando, FL 32817
City, State & Zip

(407) 376-4640 - (407) 451-1840
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:

Caballero Professional Services Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

9453 Emily Loop Apt 105
Orlando, FL-32817

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all Lawful business

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):

Eduardo Caballero- 9453 Emily Loop Apt 105, Orlando, FL-32817 - President
Maria Rivera- 9453 Emily Loop Apt 105, Orlando, FL-32817 - V. President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Maria Rivera
9453 Emily Loop Apt 105
Orlando, FL-32817

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eduardo Caballero
9453 Emily Loop Apt 105
Orlando, FL-32817

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

Maria Rivera

Signature/Registered Agent

Eduardo Caballero

Signature/Incorporator

8-28-06

Date

8-28-06

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA