

PO7000028021

(Requestor's Name)

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(City/State/Zip/Phone #)

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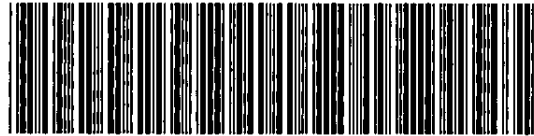
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

## COVER LETTER

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

SUBJECT: Columbus Corp.

(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: Liliana Calle

Name (Printed or typed)

5523 Chambers Way

Address

Jacksonville, FL 32257

City, State & Zip

(904)887-9372

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 9, 2007

LILLIANA CALLE  
5523 CHAMBERS WAY  
JACKSONVILLE, FL 32257

SUBJECT: COLUMBUS CORP.  
Ref. Number: W07000006809

We have received your document for COLUMBUS CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 707A00009930

## 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:

Columbus Innovations Corp.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

5523 Chambers Way, Jacksonville Fl 32257

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Construction all types

### **ARTICLE IV SHARES**

The number of shares of stock is:

3

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Liliana Calle, 5523 Chambers Way, Jacksonville, Fl 32257

### **ARTICLE VI REGISTERED AGENT**

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

Liliana Calle, 5523 Chambers Way, Jacksonville, Fl 32257

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Liliana Calle, 5523 Chambers Way, Jacksonville, Fl 32257

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*

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

Liliana Calle

Signature/Registered Agent

02/23/2007

Date

Liliana Calle

Signature/Incorporator

02/23/2007

Date