

PD8000087985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

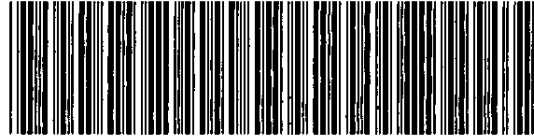
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2008 SEP 25 A 8:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2008
D.A. WHITE

COVER LETTER

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

SUBJECT: CALVIN MULTIPLE BUSINESS 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: CALVIN H. SWEETING
Name (Printed or typed)

14979 N.W. 22 AV.
Address

MIAMI, FL. 33054
City, State & Zip

786-333-2084
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 17, 2008

CALVIN HAMILTON SWEETING
1950 NW 190 TER
MIAMI, FL 33056

SUBJECT: CALVIN MULTIPLE BUSINESS
Ref. Number: W08000043246

We have received your document for CALVIN MULTIPLE BUSINESS and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

As per our telephone conversation today, I have enclosed the correct application for your business for your convenience.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of 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) 245-6933.

Dale White
Regulatory Specialist II
New Filing Section

Letter Number: 508A00050544

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:

CALVIN MULTIPLE BUSINESS INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

14979 N.W. 22nd AV.
OPA LOCKA, FL 33054

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TEACHING SECURITY TRAINING

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):

President

CALVIN H. SWEETING

ARTICLE VI REGISTERED AGENT

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

CALVIN H. SWEETING
1950 N.W. 190 TER
MIA, FL 33056

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CALVIN H. SWEETING
1950 N.W. 190 TER.
MIA, FL 33056

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

Calvin H. Sweeting
Signature/Registered Agent

Calvin H. Sweeting
Signature/Incorporator

Sept. 21, 2008
Date

Sept 21, 2008
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA