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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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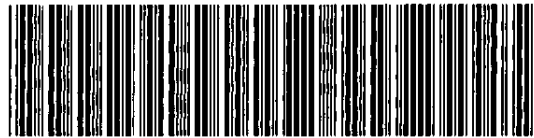
(Business Entity Name)

(Document Number)

Certified Copies. _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 9/14/09

COVER LETTER

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

SUBJECT: CARITAS ENTERPRISES 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: MICHAEL CONSIGLIO
Name (Printed or typed)

14080 NW 27th AVE
Address

OPA-LOCKA, FL 33054
City, State & Zip

305 953-9461
Daytime Telephone number

autoplazasouth@yahoo.com
E-mail address: (to be used for future annual report notification)

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:

CARITAS ENTERPRISES INC

ARTICLE II PRINCIPAL OFFICE

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

14080 NW 27 AVENUE
OPA-LOCKA, FL 33054

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):

BERTO ALVAREZ, PRESIDENT
15990 NW 45 AVENUE
MIAMI, FL 33054

ARTICLE VI REGISTERED AGENT

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

MICHAEL CONSIGLIO
519 NW 97 AVENUE
PLANTATION, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

BERTO ALVAREZ
15990 NW 45 AVENUE
MIAMI, FL 33054

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



Signature/Incorporator

08/14/09

Date

08/14/09

Date

FILED
09 SEP 10 PM 4:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA