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COVER LETTER

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

SUBJECT:	PROPOSED CORPORAT	TIPLE BUS ENAME-MUST INCLU	WESS 2 1 IDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the artic	les of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
FROM:	CALVIN N. Name		
<u></u>	2351 N. W	- 153 ST	
	OPA 2 OCKA	FL 3305 State & Zip	54

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

E-mail address: (to be used for future annual report notification)

The name of the corporation shall be: CALUIN MULTIPLE BUSINESS \$ Inc.
ARTICLE II PRINCIPAL OFFICE The principal street address and mailing address, if different is: 23 7 N. W. 153 ST. OPA LOCKA, FL 33 05 Y ARTICLE III PURPOSE The purpose for which the corporation is organized is: SECURITY OFFICER TRAINING.
ARTICLE IV SHARES The number of shares of stock is: CALVIN H. SWEETING ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): CALVIN H. SWEETING: PRESIDENT
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: CALVIN H. SWEETING Calvin H. Sweet 2361 N.W. 153 St. Opa Locka, Al. 33059
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CALVIN H. SWEETING Calm Hocka Al. 33084 ***********************************
Signature/Incorporator Date

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)