

P1000103386

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Siegfried Robert *CAVE*

AUTHORIZATION BY PHONE TO

COPY TO *RA* *RA order signature*

DATE _____

DOC. EXAM _____

Office Use Only



100188238631

12/07/10--01012--015 **78.75

FILED
10 DEC 22 PM 2:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 12/27/10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 22 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 10, 2010

SIEGFRIED GABERT
1100 SAINT CHARLES PL, APT #622
PEMBROKE PINES, FL 33026

SUBJECT: CAMPINAS MOLD CORPORATION
Ref. Number: W10000056919

We have received your document for CAMPINAS MOLD CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted Articles of Incorporation to form a non-profit corporation. It appears from the information given in your filing that the incorrect filing type was submitted.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6901.

Pamela Smith
Regulatory Specialist II
New Filing Section

Letter Number: 710A00028508

COVER LETTER

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

SUBJECT: Campinas Mold Corporation
(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: Siegfried Gabert
Name (Printed or typed)
1100 Saint Charles Pl, Apt. #622
Address
Pembroke Pines, FL 33026
City, State & Zip
(954) 430-9840
Daytime Telephone number
ziguilisa1@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: Campinas Hold Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address: 1100 Saint Charles Pl.
Apt. # 622
Pembroke Pines, FL 33026
Mailing address, if different is: Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Outside Services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Siegfried Gabert Name and Title: President
Address: 1100 Saint Charles Pl. Address: _____
Apt. # 622
Pembroke Pines, FL 33026

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Siegfried Gabert
Address: 1100 Saint Charles Pl APT 622
Pembroke Pines, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Siegfried Gabert
Address: 1100 St Charles Pl #622
Pembroke Pines, FL 33026 x Siegfried Gabert

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

SEE SIGNATURE BELOW

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x Siegfried Gabert Required Signature/Incorporator/Registered Agent
Date 12-16-2010