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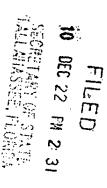
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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SECRETARY UP STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

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

Enclosed are an original and one (1) copy of the artic	les of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED
Pembroko City, S (954) 430 - Daytime Te	(Printed or typed) Charles Pl. Apt. #622 Iddress State & Zip John Com 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)

TICLE II PRINCIPAL O	FICE		poration
	n nkaki	Mailing add	
ETICLE III PURPOSE e purpose for which the corporati	•		
Outs	side Se	ruices	
ETICLE IV SHARES number of shares of stock is:	100	nes President	+
Name and Title: Sie and Address:		Name and Title:	
Pundr	De Pines, Fl	33026	<u> </u>
Name and Title:Address:		Name and Title: Address:	PILE DEC 22 SMIT MAY
		Name and Title: Address:	7 PM C
name and Florida street addres Name: Address:	s (P.O. Box NOT acceptable	e) of the registered agent is: SP/APT 627 L 33062	and the second s
TICLE VII INCORPORAT	OR	3500	
Name: Signal Address: Address:	oratoris: Cabert Charles Pl Ore Pinas Fo	#622 × Su	Tried Caper
	ent to accept service of pro		
ving been named as registered ag certificate, I am familiar with an		registered agent and agree to act	in this capacity