

P11000039626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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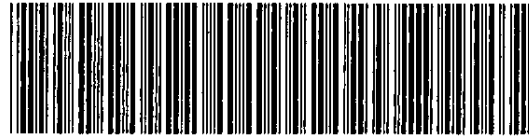
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 22 PM 4:14

APPROVED
FILED

JP 4/26

COVER LETTER

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

SUBJECT: Von Calvo German Shepherds 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lino J. Calvo

Name (Printed or typed)

1811 SW 92 Place

Address

Miami, FL 33165

City, State & Zip

(786) 271-0118

Daytime Telephone number

VonCalvo@aol.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

Von Calvo German Shepherds Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1811 SW 92 Place
Miami, FL 33165

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To breed, import, buy or sell German Shepherd or other dogs.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Lino J. Calvo, President</u>	Name and Title: _____
Address: <u>1811 SW 92 Place</u>	Address: _____
<u>Miami, FL 33165</u>	_____
_____	_____
Name and Title: <u>Cary Calvo, Vice President</u>	Name and Title: _____
Address: <u>1811 SW 92 Place</u>	Address: _____
<u>Miami, FL 33165</u>	_____
_____	_____
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: Lino J. Calvo
Address: 1811 SW 92 Place
Miami, FL 33165

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lino J. Calvo
Address: 1811 SW 92 Place
Miami, FL 33165

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

Required Signature/Registered Agent
04/18/2011
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.

Required Signature/Incorporator
04/18/2011
Date

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA