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TALLAHASSEE, FLORIDA

K 06/27/11

COVER LETTER

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

SUBJECT: **CALEON CORP**

(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: **PAOLA CALERO**

Name (Printed or typed)

7743 BALBOA ST

Address

SUNRISE FL 33351

City, State & Zip

305-4092040

Daytime Telephone number

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: **CALEON CORP**

ARTICLE II PRINCIPAL OFFICE

Principal street address
7743 BALBOA ST
SUNRISE FL 33351

Mailing address, if different is:

7743 BALBOA ST
SUNRISE FL 33351

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
HOME REMODELING

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAOLA CALERO - PRESIDENT	Name and Title: _____
Address: 7743 BALBOA ST	Address: _____
SUNRISE FL 33351	_____

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:

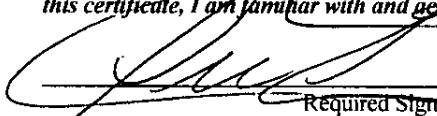
Name: **PAOLA CALERO**
Address: **7743 BALBOA ST**
SUNRISE FL 33351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PAOLA CALERO**
Address: **7743 BALBOA ST**
SUNRISE FL 33351

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

06/17/2011

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

06/17/2011

Date

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11 JUN 23 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA