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COVER LETTER

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

SUBJECT: Cabaldri Consultants, I	Inc. 46-0	955171
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation an	d a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
	ADDITIONAL C	OPY REQUIRED
FROM: Caryn Torres	(Printed or typed)	
101 San Jose Cir	·	
<i>A</i>	Address	
Winter Park, FL 32792 City,	State & Zip	
321-747-0910 Daytime T	elephone number	
cabaldriconsultants@gm E-mail address: (to be used	ail.com I for future annual report	notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I	NAME	Cabaldri Con	sultants, Inc.	
The name of the	corporation shall be:			,
ARTICLE II	PRINCIPAL OFFIC	!K		
	Principal street ac		Mailing add	ress, if different is:
	101 San Jose Cir			
	Winter Park, FI 3279	32	Goldenrod, FL 32	2733
ARTICLE III	DITEDOCE			
	which the corporation is	organized is:		
	to different busines		nd collections.	至公 方
909				F 2 TI
				型 号 二
				55 2 F
				Mark - MI
ARTICLE IV	SHARES			THE E
	hares of stock is:	1		75 =
		- 4.m/on nmaa		
	Title: Copus Torres			TATESTASSES FILMS
Address:	101 San Jose	Cir.	Name and Title:	
radioss.		32792		
Name and Address:	Title:		Name and Title:	
Address:				· · · · · · · · · · · · · · · · · · ·
				
		·		
	Title:		Name and Title:	
Address:				
		<u>,</u>		
	REGISTERED AGE			
			e) of the registered agent is:	
Name: Address:		· Cir.		
Address.		FL 32792		
	TAILUIGI L. PAI No.			
ARTICLE VII	INCORPORATOR			
	ddress of the incorporator	is:		
Name: Address:	Caryn Torres 101 San Jose	Cia		
Address.	Winter Park, F	-i 32792		
	·			
			cess for the above stated corpora	
his certificate, I	am familiar with and acce	ept the appointment as	registered agent and agree to act	in this capacity
l/as				0/18/12
10411	Damin 18inus	ture/Registered Agent		9/10/12
(Required Signal	ture/Registered Agent		Date
I submit this do	cument and affirm that t	he facts stated herein	are true. I am aware that the fa	lse information submitted in a
			lony as provided for in s.817.155,	
[[]]		-		0/10/10
11011	8			9/18/12
	Required Sign	nature/Incorporator		Date