

P14000051558

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

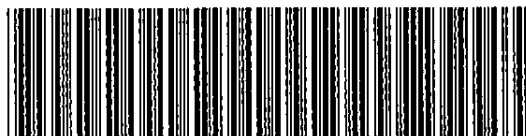
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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06/16/14--01004--001 **78.75

TO AGENCY
SUFFICIENCY OF FILING

2014 JUN 16 AM 8:48

RECEIVED
DIVISION OF STATE
RECORDS & ADMINISTRATION

FILED
SECRETARY OF STATE
DIVISION OF STATE
RECORDS & ADMINISTRATION
14 JUN 16 AM 8:01

1141 00012930
6/17/14

COVER LETTER

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

SUBJECT: **CA CARRIER 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **NATALIA FALCON**

Name (Printed or typed)

527 SW 5TH ST. APT 8

Address

MIAMI FL 33130

City, State & Zip

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 CA CARRIER INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal ~~street~~ address
527 SW 5TH ST APT 8
MIAMI FL 33130

Mailing address, if different is:
527 SW ST APT 8
MIAMI FL 33130

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ALL PURPOSE

ARTICLE IV SHARES 1
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: (P) NATALIA FALCON
Address: 527 SW 5TH ST. APT 8
MIAMI FL 33130

Name and Title: (VP) CAMILO AVILA-CHINZA
Address: 527 SW 5TH ST APT 8
MIAMI FL 33130

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS
14 JUL 16 AM 8:19

(conti.)

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: NATALIA FALCON

Address: 527 SW 5TH ST APT 8
MIAMI FL 33130

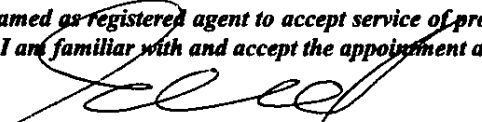
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NATALIA FALCON

Address: 527 SW 5TH ST APT 8
MIAMI FL 33130

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

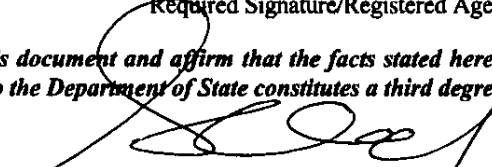


Required Signature/Registered Agent

6/11/14

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

6/11/14

Date