

P14000098339

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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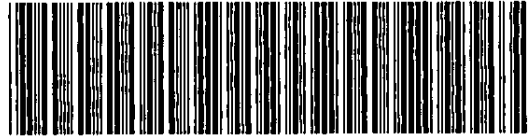
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: Caleb-Madison Corporation

(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: Irene Safier

Name (Printed or typed)

1036 Abell Circle

Address

Oviedo FL 32765

City, State & Zip

407-701-0080

Daytime Telephone number

irenesafier@hotmail.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

The name of the corporation shall be: Caleb-Madison Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1036 Abell Circle

Oviedo Fl 32765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Investment Corporation

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Irene Safier - President

Name and Title: _____

Address 1036 Abell Circle

Address: _____

Oviedo Fl 32765

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

(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: Irene Safier
Address: 1036 Abell Circle
Oviedo FL 32765

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Irene Safier
Address: 1036 Abell Circle
Oviedo FL 32765

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14 DEC -8 11:34
FLORIDA DEPT. OF STATE

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

Irene Safier
Required Signature/Registered Agent

12/1/14
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.

Irene Safier
Required Signature/Incorporator

12/1/14
Date