

P/500029200

(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



700271080607

03/27/15--01002--003 \*\*128.75

FILED  
15 MAR 27 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR 31 2015  
S. GILBERT

## COVER LETTER

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

SUBJECT: \_\_\_\_\_

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

### OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Calabro Enterprises, Inc.

\_\_\_\_\_  
Name (printed or typed)

185 N Causeway

\_\_\_\_\_  
Address

New Smyrna Beach, FL 32169

\_\_\_\_\_  
City, State & Zip

386-428-4332

\_\_\_\_\_  
Daytime Telephone Number

newsmyrnanalanes@cfl.rr.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

## CERTIFICATE OF DOMESTICATION

The undersigned, Steven Calabro, President  
(Name)  
of Calabro Enterprises, Inc  
(Corporation Name)  
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

FILED  
15 MAR 27 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The date on which corporation was first formed was July 9, 2007.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Virignia.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Calabro Enterprises, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Calabro Enterprises, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Virginia.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am Steven Calabro, of Calabro Enterprises, Inc

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 22 day of March, 2015.



(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

**ARTICLES OF INCORPORATION**  
*IN COMPLIANCE WITH CHAPTER 607, F.S.*

**ARTICLE I    NAME**

THE NAME OF THE CORPORATION SHALL BE:

Calabro Enterprises, Inc

FILED  
15 MAR 27 AM 11:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II    PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

185 N Causeway

New Smyrna Beach, FL 32169

Mailing Address

185 N Causeway

New Smyrna Beach, FL 32169

**ARTICLE III    PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

New Smyrna Lanes

**ARTICLE IV    SHARES                      100**

*THE NUMBER OF SHARES OF STOCK IS:* \_\_\_\_\_

**ARTICLE V   INITIAL DIRECTORS AND/ OR OFFICERS**

*THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:*

Title/Name

Steven Calabro

\_\_\_\_\_  
22 Hillside Drive

\_\_\_\_\_  
New Smyrna Beach, FL 32169

Title/Name

President

Title/Name

Mariellen Calabro

\_\_\_\_\_  
22 Hillside Drive

\_\_\_\_\_  
New Smyrna Beach, FL 32169

Title/Name

Vice-President

Title/Name

Title/Name

Title/Name

Title/Name

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

**THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:**

Steven Calabro

22 Hillside Drive

New Smyrna Beach, FL 32169

**ARTICLE VII INCORPORATOR**

**THE NAME AND ADDRESS OF THE INCORPORATOR IS:**

Steven Calabro

22 Hillside Drive

New Smyrna Beach, FL 32169

\*\*\*\*\*

**HAVING BEEN NAMED AS REGISTERED AGENT AND 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.**



Signature/Registered Agent

3/25/15

Date



Signature/Incorporator

3/25/15

Date