

P/500003688

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

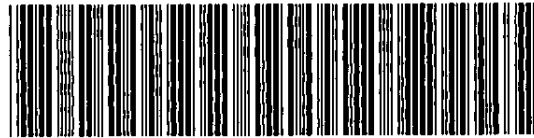
(Document Number)

Certified Copies _____

Certificates of Status ☒

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DEPARTMENT OF STATE
DIVISION OF CONSULAR AFFAIRS
15 APR 24 PM 12:35
15 APR 24 PM 12:45
TO APOWELL USE
SUFFICIENCY OF FILING
APPROVED
FILED
APR 24 2015
FBI/DOJ-ORLANDO

APR 24 2015

S. GILBERT

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

ARTICLES
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

Calixte D. Incorporated

15 APR 24 PM 12:44

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2738 W. Thayer St Bldg 401

Tallahassee FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assess and explore resources
and data in the economic market.

ARTICLE IV SHARES

The number of shares of stock is:

10

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Jimmy Maximilien (P)

Name and Title:

Address

2738 W. Thayer St Bldg 401

Address:

Tallahassee FL 32303

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

COVER LETTER

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

SUBJECT: Calixte D. Incorporated
(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: Gregory Calixte
Name (Printed or typed)

2738 W. Tharpe St Apt: 401
Address

Tallahassee, FL 32303
City, State & Zip

407-666-1432
Daytime Telephone number

gdc12@my.fsu.edu
E-mail address: (to be used for future annual report notification)

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

(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: Gregory Calixte

Address: 2738 W. Tharpe St Bldg 401
Tallahassee FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory Calixte

Address: 2738 W. Tharpe St Bldg 401
Tallahassee FL, 32303

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

4/24/15
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

4/24/15
Date