

P16000050489

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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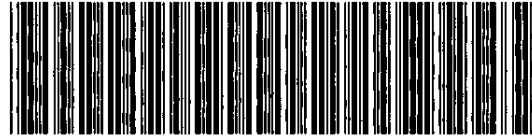
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/03/16--01007--005 **78.75

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RECEIVED

6/9/16

COVER LETTER

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

SUBJECT: Callidity Concepts, 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: John F. Pelot, V

Name (Printed or typed)

2851 Broward Rd. #2

Address

Jacksonville, Florida 32218

City, State & Zip

904-274-0421

Daytime Telephone number

jpelotv@gmail.com

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

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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: Callidity Concepts, Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2851 Broward Rd. #2

Jacksonville, Florida 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

General purpose or purposes for which the corporation is organized is the transaction of any or all lawful business for

which corporations may be incorporated under Chapter 607, Florida Statutes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John F. Pelot, V - President

Name and Title: John F. Pelot, V - Secretary

Address 2851 Broward Rd. #2

Address: 2851 Broward Rd. #2

Jacksonville, Florida 32218

Jacksonville, Florida 32218

+

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: John F. Pelot, V _____

Address: 2851 Broward Rd. #2 _____

Jacksonville, Florida 32218 _____

ARTICLE VII INCORPORATOR

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

Name: John F. Pelot, V _____

Address: 2851 Broward Rd. #2 _____

Jacksonville, Florida 32218 _____

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

John F. Pelot V

Required Signature/Registered Agent

5-28-16

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.

John F. Pelot V

Required Signature/Incorporator

5-28-16

Date

STATE OF FLORIDA
COUNTY OF Duval
The foregoing instrument was acknowledged before me this
28 day of May, 2016
by John F. Pelot V
☐ PERSONALLY KNOWN TO ME
☒ PRODUCED AS IDENTIFICATION
FLC P430-446-69-4230
Type of Identification

