

P16000053089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

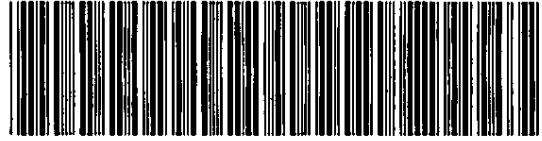
(Document Number)

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Special Instructions to Filing Officer:

~~6216-41372~~

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06/01/16--01026--015 **87.50

FILED
16 JUN 20 PM 4:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Handwritten note: 16 JUN 20 16:58

Handwritten mark: H

COVER LETTER

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

SUBJECT: Jose Calderon Corp.

(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: Jose Calderon

Name (Printed or typed)

3300 NE 191 Street #1617

Address

Miami, FL 33180

City, State & Zip

786 266 2086

Daytime Telephone number

JCALDERONT1080@HOTMAIL.COM

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 7, 2016

JOSE CALDERON
3300 NE 191 STREET #1617
MIAMI, FL 33180

SUBJECT: JOSE CALDERON CORP.
Ref. Number: W16000041372

We have received your document for JOSE CALDERON CORP. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 716A00011968

FILED

ARTICLES OF INCORPORATION

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

16 JUN 20 PM 4: 58

ARTICLE I NAME

The name of the corporation shall be: JOSE CALDERON CORP.

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3300 NE 191 STREET #1617

MIAMI, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TALENT MANAGEMENT SERVICES AND
TV & RADIO CONTENT PRODUCTION.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE CALDERON Name and Title:

Address 3300 NE 191 STREET #1617 Address:

MIAMI, FL 33180

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED

16 JUN 20 PM 4: 58

Name and Title: _____ Name and Title: _____
 Address _____ Address: SECRETARY OF STATE
 _____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE CALDERON
 Address: 3300 NE 191 STREET #1617
MIAMI, FL 33180

ARTICLE VII INCORPORATOR

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

Name: Emma Cristina Hernández
 Address: 3300 NE 191 St #1617
Miami, FL, 33180

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/16/2016 (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

 Required Signature/Registered Agent 5/16/16

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.

 Required Signature/Incorporator 06/11/16

Date