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(Re	equestor's Name)	
(Ac	dress)	
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(Cir	ty/State/Zip/Phon	e #)
(Bu	isiness Entity Na	me)
(Dc	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

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

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 \$78.75Filing Fee& Certificate of Status

\$78.75\$87.50Filing FeeFiling Fee,& Certified CopyCertified Copy& Certificate ofStatusADDITIONAL COPY REQUIRED

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

5. 1

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

Division of Corporations - P.O. BOX 6327 - Tallabassee Florida 32314

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ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Protection of the second second

name of the corporati	JOSE CALDERON C	······	SECRETARY OF STATE TALLAHASSEE FLORID
TICLE II PRINCI	IPAL OFFICE Principal <u>street</u> address		Mailing address. if different is:
00 NE 191 STREET #	/1617		
AMI, FL 33180			
TICLE III PURPO e purpose for which th & RADIO CONTEN	e corporation is organized is:	LENT MANAGEMEN	T SERVICES AND
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TICLE IV SHARE	<u>is</u> took is:		
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	Name and Title: Address:

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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 Helendez
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

(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 any accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

5/16/16

, (OPTIONAL)

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