

P16000056399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

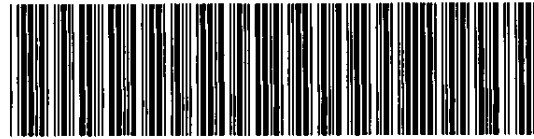
Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: CaJuLa Group 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
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: CaJuLa Group Inc.

Name (Printed or typed)

1020 E Lafayette Street Suite #205

Address

Tallahassee Florida 32301

City, State & Zip

850-402 9872

Daytime Telephone number

contactus@cajulagroup.com

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

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: CaJuLa Group Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1020 E Lafayette Street Suite #205

Same as

Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide products and services.

ARTICLE IV SHARES

The number of shares of stock is: 12,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lawrence Weru, CEO

Name and Title: _____

Address 1020 E. Lafayette St Suite #205

Address: _____

Tallahassee, Fl 32301

Name and Title: Judy Jones, CFO

Name and Title: _____

Address 1020 E. Lafayette St. Suite #205

Address: _____

Tallahassee, FL 32301

Name and Title: Camille F. Brockman COO

Name and Title: _____

Address 1020 E. Lafayette St. Suite #205

Address: _____

Tallahassee, Fl 32301

SECRET
TALLAHASSEE, FL 32301

16 JUL -8 PM 1:18

ARTICLE
V
INITIAL
OFFICERS
AND/OR
DIRECTORS

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: Lawrence Weur, CEO _____

Address: 1020 E Lafayette St Suite # 205 _____

Tallahassee, FL 32301 _____

ARTICLE VII INCORPORATOR

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

Name: Camille F. Brockman _____

Address: 1020 E. Lafayette St #205 _____

Tallahassee, FL 32301 _____

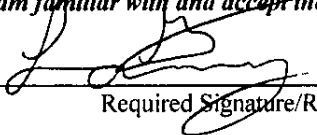
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 7, 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

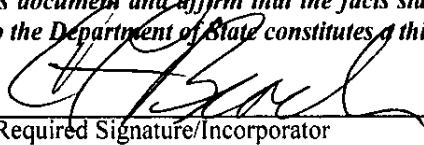


Required Signature/Registered Agent

July 7, 2016

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

July 7, 2016

Date