

P16 0000 58310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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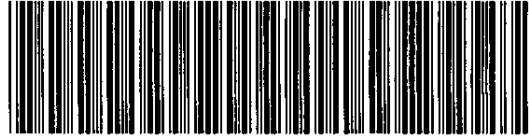
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: CALE MANAGEMENT, 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: JUAN CALE
Name (Printed or typed)

2500 NW 79TH AVENUE STE 100

Address

DORAL, FL. 33122

City, State & Zip

786-390-6462

Daytime Telephone number

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: CALE MANAGEMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal Street Address: 2500 NW 79TH AVENUE STE 100
DORAL, FL. 33122

Mailing Address if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUAN CALE-PRESIDENT
Address: 2500 NW 79TH AVENUE STE 100
DORAL, FL. 33122

Name and Title:

Address:

ARTICLE VI REGISTERED AGENT

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

Name: JUAN CALE
Address: 2500 NW79TH AVENUE STE 100
DORAL, FL. 33122

ARTICLE VII INCORPORATOR

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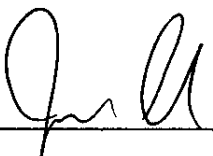
The name and address of the Incorporator is:

Name: JUAN CALE

Address: 2500 NW 79TH AVENUE STE 100

DORAL, FL. 33122

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

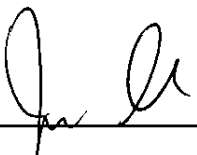
x 

Required Signature/Registered Agent

06/30/16

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

x 

Required Signature/Incorporator

06/30/16

Date

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