

**P17000031462**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6391

From:

Account Name : CORP USA  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CAIM (USA) INC.**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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FLORIDA  
DIVISION OF CORPORATIONS  
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Corporate Filing Menu

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COVER LETTER

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

SUBJECT: CAIM (USA) 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: ALBERT R COHEN CPA

Name (Printed or typed)

11420 N KENDALL DR #203

Address

MIAMI, FLORIDA 33176

City, State & Zip

305 271-3666 EXT 205

Daytime Telephone number

golf4foodd@gmail.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:

CAIM (USA) INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

6355 NW 36 STREET

TELEVISA BLDG SUITE 600

MIAMI, FL 33166

Mailing address, if different is:

C/O ALBERT R COHEN CPA

11420 N KENDALL DR SUITE 203

MIAMI, FLORIDA 33176

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:

Federico Carizi, President

Address

Via Vezzani 1a/17a

16159 Genova, Italy

Name and Title:

Address:

Name and Title:

Luciano Care, Vice President

Address

11420 N KENDALL DR #203

MIAMI, FLORIDA 33176

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

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(cont.)

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: Albert R Cohen CPA  
Address: 11420 N KENDALL DR #203  
MIAMI, FLORIDA 33176

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALBERT R COHEN  
Address: 11420 N KENDALL DR SUITE 203  
MIAMI, FLORIDA 33176

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

Albert R Cohen 3/28/17  
Required Signature/Registered Agent 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.

Albert R Cohen 3/28/17  
Required Signature/Incorporator Date

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TALLAHASSEE, FLORIDA