P1800005151

(Requestor's Name)					
(Address)					
(Address)					
(Cir	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	ocument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

N. SAMS



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COVER LETTER

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

SUBJECT: CALE	MANAGEMENT GROUP INC				
	(PROPOSED CORPOR	ATE NAME - MUST INCLUDE SUFFIX)			
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and a check for:			
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$87.50 Filing Fee & Certified Copy & Certified Status	e. Copy cate o		
		ADDITIONAL COPY REQUI	RED		
FROM:		JAN CALE			
		e (Printed or typed)			
		H AVENUE SUITE 100 Address			
	DORAL, FL. 33122				
	City.	State & Zip			
	780	6-390-6462			
	Daytime Telephone number				
	JCALEMANAGEMENT@GMAIL.COM				
	E-mail address: (to be use	d 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)

TICLE II PRIN	CIPAL OFFICE			
	Principal street address	Mailing a	address, if different is:	
00 NW 79TH AVE	SUITE 100			
ORAL, FL. 33122				
			<u> </u>	
				
TICLE III PURI	POSE ANY All the corporation is organized is:	ND ALL LAWFUL BUSINES	S	
e purpose for which	the corporation is organized is:	71.5	-,_	
		<u></u> .		
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			A SECOND	
				
			्रिक्त कर्यः स्टब्स्	
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			₹₽\$ <u>`</u> `	
	f stock is:		CARTE:	
number of shares o	f stock is: AL OFFICERS AND/OR DIRECTORS		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
number of shares of shares of shares of shares of share and 'Tit	f stock is: AL OFFICERS AND/OR DIRECTORS le: JUAN CALE-PRESIDENT	Name and Title:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
number of shares o	AL OFFICERS AND/OR DIRECTORS le: 2500 NW 79TH AVE SUITE 100		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
number of shares of shares of shares of shares of share and 'Tit	AL OFFICERS AND/OR DIRECTORS le: 2500 NW 79TH AVE SUITE 100	Name and Title:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
number of shares of shares of shares of shares of share and 'Tit	AL OFFICERS AND/OR DIRECTORS JUAN CALE-PRESIDENT 2500 NW 79TH AVE SUITE 100	Name and Title:	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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number of shares of shares of shares of shares of share and Tite Address	AL OFFICERS AND/OR DIRECTORS JUAN CALE-PRESIDENT 2500 NW 79TH AVE SUITE 100 DORAL, FL. 33122	Name and Title: Address: Name and Title:		
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number of shares of shares of shares of shares and Tite Address Name and Tite Name and Tite Shares and Tite S	AL OFFICERS AND/OR DIRECTORS JUAN CALE-PRESIDENT 2500 NW 79TH AVE SUITE 100 DORAL, FL. 33122	Name and Title: Address: Name and Title: Address: Address:		
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number of shares of TICLE V INITE Name and Tite Address Name and Tite Address	AL OFFICERS AND/OR DIRECTORS JUAN CALE-PRESIDENT 2500 NW 79TH AVE SUITE 100 DORAL, FL. 33122	Name and Title: Address: Name and Title: Address: Name and Title:		

Name a	and Title:	Name and Title:	
Addre	ss	Address:	
ARTICLE VI	REGISTERED AGENT		
	Florida street address (P.O. Box NOT acceptable JUAN CALE	e) of the registered agent is:	
Name:			
Address:	2500 NW 79TH AVE SUITE 100	 -	
	DORAL, FL. 33122	_ <u>_</u>	7 2 18
<u>ARTICLE VII</u>	INCORPORATOR		JAN 16
The <u>name and a</u>	address of the Incorporator is:		
Name:	JUAN CALE		
Address:	2500 NW 79TH AVE SUITE 100		Single Constitution of the
	DORAL, FL. 33122		≫ .
Effective date, i (If an effective filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and ca e inserted in this block does not meet the applica	nnot be more than five days ble statutory filing requirement	prior or 90 days after the
the document's e	effective date on the Department of State's recor	ds.	
Having been na this certificate, I	med as registered agent to accept service of pro- am familiar with and accept the appointment as	cess for the above stated corporately corporate to registered agent and agree to	oration at the place designated in act in this capacity
<u> </u>	V		01/09/13
	Required Signature/Registered Agent		Date
I submit this document to the	cument and affirm that the facts stated herein (Department of State constitutes a third degree fo	are true. I am aware that the clony as provided for in s.817.	false information submitted in a 155, F.S.
Χ	In II		01/09/18
Requ	ired Signature/Incorporator		Date

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