Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000320200 3)))



H160003202003ABCQ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I200000000019 Phone : (305)552-5973

Fax Number : (305)675-5944

**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 CAYPAS, INC.

 Certificate of Status
 0

 Certified Copy
 1

 Page Count
 04

 Estimated Charge
 \$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

Florida Department of State

Attention: New Filings Section

To whom it may concern:

This is to advise you that the owners of CAIPOS, INC. of Doc# P800048180 are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Very Sincerely,

CARLOS SEVERINI

ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

EIN: 05-0838802
ARTICLE I NAME: The name of the corporation is:
CAYPAS, INC.
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is: 90115W2275t + 6. Cutler Bay, 7133190
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
9011 SW 227 ST #6
WHEN 1904 FL 33190
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
CARLOS SEVERINI
9011 SW 227 ST #6
Cutter Bay FL 33190

Required Signatures:

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

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.

Incorporator

Date

≰ äú /

: