

P210000002233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

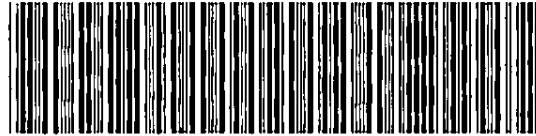
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 JAN -8 PM 1:41
TALLAHASSEE, FL

2021 JAN 12 AM 10:31
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TALLAHASSEE, FL

RECEIVED

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

LOS CARIBENOS DOMINO'S CLUB...

Signature _____

Requested by: _____

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 JAN 12 PM 1:41

January 11, 2021

CAPITAL CONNECTION

SUBJECT: LOS CARIBENOS DOMINO'S CLUB OF ORLANDO, INC
Ref. Number: W21000002570

We have received your document for LOS CARIBENOS DOMINO'S CLUB OF ORLANDO, INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity and other information must be composed or comprised solely of letters, numerals, characters, or symbols found on a standard American or U.S. qwerty keyboard. Please amend the document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 021A00000557

COVER LETTER

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

SUBJECT: Los Caribenos Domino's Club of Orlando, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Luis R. Calderón
Name (Printed or typed)

1627 E. Vine St, Ste 110
Address

KISSIMMEE, FL 34744
City, State & Zip

407-944-9262
Daytime Telephone number

adlvsh@aol.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: Los Caribenos Domino's Club of Orlando, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1011 W. Lancaster Rd
Suite A

Orlando, FL 32809

Mailing address, if different is:

1627 E. Vine St.
Suite 110

Kissimmee, FL 34744

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Recreational Club

ARTICLE IV SHARES

The number of shares of stock is: 100

2021 JAN 12 11:10 31
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Casimiro E. Moscat P Name and Title: _____

Address: 1011 W. Lancaster Rd Address: _____

Suite A.

Orlando, FL 32809

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Cosimiro E. Moscot

Address: 1011 W. Lancaster Rd Ste A
Orlando, FL 32809

ARTICLE VII INCORPORATOR

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

Name: Cosimiro E. Moscot

Address: 1011 W. Lancaster Rd Ste A
Orlando, FL 32809

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01/05/21 (OPTIONAL),

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

[Signature]

Required Signature/Registered Agent

01/05/21

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.

[Signature]

Required Signature/Incorporator

01/05/21

Date

2021 JAN 12 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FL