P21000090156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☑ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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COVER LETTER

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

SUBJECT: Calmy Multi Agency 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: Christa Iynne Henley
Name (Printed or typed)

2509 Old Bainbridge Rd. Unit B
Address

Tallahassee Fl. 32303
City, State & Zip

(850) 226-1937
Daytime Telephone number

Cma2inc@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)

2021 OCT 18 PM 12:2

...ED

...F STAT
...EE, FL

ARTICLE I NAME
The name of the corporation shall be: Calmly Multi Agency Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 2509 Old Bainbridge Rd. unit B
Tallahassee Fl. 32303

Mailing address, if different is: SAME

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Residential Care Facility Service for the disabled, Sales of clothes, waist trainner, Sales of Hair.

ARTICLE IV SHARES
The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christa Iynne Henley (ceo)
Address: 2509 Old Bainbridge Rd
Unit B
Tallahassee Fl. 32303

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
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: Christa Iynne Henley

Address: 2509 Old Bainbridge Rd.
Unit B Tallahassee Fl. 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christa Iynne Henley

Address: 2509 Old Bainbrige Rd.
Unit B Tallahassee Fl. 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (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

Christa I HENLEY — 10/18/2021

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.

Christa I HENLEY — 10/18/2021

Required Signature/Incorporator — Date