## P22-0000 44045

(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer:	





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2021 MAY 25 PM 3: 42
2012 MAY 25 PM 3: 42
2014 PM 2: 27
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## CAPITAL CONNECTION, INC.

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

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Calati Investments Co	rp					
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				Art of Inc. File		
		<del></del>	<b>├</b>	LTD Partnership File		
				Foreign Corp. File		
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				Fictitious Name File		
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				RA Resignation  Dissolution / Withdrawal		D
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				Corp Record Search	<del>_</del>	
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Signature	<u>-</u> .			Fictitious Owner Search		
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Requested by: SETH				UCC 1 or 3 File	_	
Name	Date	Time		UCC 11 Search	_	
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Walk-In	Will Pick Up			Courier		

## ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

## <u>ARTICLE I NAME</u> The name of the corporation shall be: CALATI INVESTMENTS CORP ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 19380 COLLINS AVE APT, 801 SUNNY ISLES BEACH, FL 33160 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 SHARES ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: RUTH TATIANA MORA VIVES, SD Name and Title: JUAN HUMBERTO MORA, PD Address \_\_19380 COLLINS AVE APT. 801 Address: 19380 COLLINS AVE APT. 801 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 Name and Title:\_\_\_\_\_\_Name and Title:\_\_\_\_\_ Address \_\_\_\_\_ Address: Name and Title:\_\_\_\_\_\_Name and Title:\_\_\_\_\_ Address \_\_\_\_ Address:

Name a	and Title:	Name and Title:
Addre	55	Address:
ARTICLE VI The name and I	REGISTERED AGENT Florida street address (P.O. Box NOT accepte	able) of the registered agent is:
Name:	Consulting Services of South Florida Inc	
Address:	2121 Ponce de Leon Blyd Ste. 1050	
	Coral Gables, FL 33134	202
ARTICLE VII	INCORPORATOR	2022 HAY 25 PM 3: 40
The name and a	ddress of the Incorporator is:	
Name:	Antonio Garcia	PH 3: 42
Address:	2121 Ponce de Leon Blvd Ste 1050	——————————————————————————————————————
	CORAL GABLES, FL 33134	·
ARTICLE VIII	EFFECTIVE DATE:	
(If an effective filing.)	fother than the date of filing: date is listed, the date must be specific and	. (OPTIONAL) cannot be more than five days prior or 90 days after the
Note: If the date the document's	inserted in this block does not meet the appleffective date on the Department of State's re	icable statutory filing requirements, this date will not be list cords.
Having been nan certificate, I am j	ned as registered agent to accept service of pro amiliar with and accept the appointment as re	cess for the above stated corporation at the place designated agistered agent and agree to act in this capacity
	Paguired Signature // Pagistary 1.4	05-24-20
I submit this doc document to the	Required Signature/Registered Ager cument and affirm that the facts stated herei Department of facts of third degre	in are true. I am aware that the false information submitte
	Ant Jane	05-24-20
Required Signatu	are/Incorporator	Date