Electronic Filing Cover Sheet

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.

(((H22000185733 3)))



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 : GERALD WEINBERG, P.C.

Account Number ; I20030000043 Phone

: (800)342-9856

Fax Number

: (800)354-3381

**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 CALLISTA COUTURE CORP.

Certificate of Status	0		
Certified Copy	0		
Page Count	02		
Estimated Charge	\$70.00		

Electronic Filing Menu

Corporate Filing Menu

Help

S. CHATHAM MAY 27 2022

- May. 26. 2022 9:47AM (|GEALD | WEINBERG) | 85 33 3)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) No. 2308 P. 2

	CYPAL ARETCE		
ICLEM PROP	CIPAL OFFICE Principal street address	Mailing address, if o	liffanam ia.
LINCOLN ROAD		612 LINCOLN ROAD	ицегені із:
MI, FLORIDA 33139		MIAMI, FLORIDA 33139	
ICLE III PURP	OSE AND	AND ALL LAMELIE DUOINEGO	
purpose for which	the corporation is organized is: ANY	AND ALL LAVYFUL BUSINESS	
··			
			-
TICLE V INITL			
	AL OFFICERS AND/OR DIRECTORS	-	
		-	
Name and Title	EMIL HAKIM, P	Name and Title:	
	EMIL HAKIM, P 612 LINCOLN ROAD	-	
Name and Title	EMIL HAKIM, P	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:Address:	
Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title: Address:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title: Address: Name and Title:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:	
Name and Title Address Name and Title Address	EMIL HAKIM, P 612 LINCOLN ROAD MIAMI, FLORIDA 33139	Name and Title:	

Name a	9:47AM GEALD WEINBERGO 18573 nd Title:	,
Addres	· —	
Madic	Address:	
	REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable) of the registered	lagent is:
Name:	EMIL HAKIM	,
Address:	612 LINCOLN ROAD	
	MIAMI, FLORIDA 33139	
ARTICLE VII	INCORPORATOR	
The name and a	ddress of the Incorporator is:	
Name:	LAWRENCE A. KIRSCH	
Address:	41 STATE STREET, SUITE 700	,
	ALBANY, NEW YORK 12207	
	·	
ARTICLE VIII Effective date it	EFFECTIVE DATE: f other than the date of filing:	(OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and cannot be more that	an five days prior or 90 days after the
	a large of the state that the state of the s	
the document's	e inserted in this block does not meet the applicable statutory filin effective date on the Department of State's records.	ig requirements, this date will not be lis
Having hom no	med as registered agent to accept service of process for the above st	totad comparation at the place devices
certificate, I am	familiar with and accept the appointment as registered agent and c	agree to act in this capacity
Islemil	Hakim	05/25/22
	Required Signature/Registered Agent	Date
 	•	*
I submit this do	cument and affirm that the facts stated herein are true. I am aw Department of State constitutes a third degree felony as provided j	vare that the false information submitte for in \$ 817.155 F.S.

(H220001857333)

· (.