

P220000048135

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

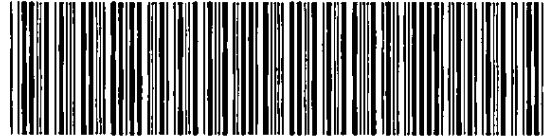
(Business Entity Name)

(Document Number)

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2022 JUN 13 PM 3:47

DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

2022 JUN 13 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-624

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160 AMOUNT: \$87.50

Authorization signature: _____

James L. Hill

CA-FL, Inc.
BUSINESS (Name)

Document #

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

 x **Certified Copy**

 x **Certificate of Status**

NEW FILINGS

___ Profit

___ Not for Profit

___ Limited Liability

___ Domestication

___ Other

 X **CORP**

AMMENDMENTS

___ Amendment

___ Resignation of R.A. Officer/Director

___ Change of Registered Agent

___ Dissolution/Withdrawal

___ Merger

 Conversion

OTHER FILINGS

___ Annual Report

___ Fictitious Name

REGISTRATION/QUALIFICATIONS

___ Foreign filing

___ Limited Partnership

___ Reinstatement

___ APOSTIL () ___
Country

___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: CA-FL, 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: Philip W. Grosdidier

Name (Printed or typed)

3461 SE Willoughby Blvd.

Address

Stuart, FL 34994

City, State & Zip

772-287-4444

Daytime Telephone number

danielle@foxmccluskey.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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SECRETARY OF STATE
TALLAHASSEE, FL

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: CA-FL, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4249 SW High Meadows, Ave.

Palm City, FL 34990

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in any lawful activity for which a Corporation
may be organized within the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Ciferri, Sr., PD

Name and Title: Michael Williams, VP

Address 4249 SW High Meadow Ave.

Address: 4249 SW High Meadow Ave.

Palm City, FL 34990

Palm City, FL 34990

Name and Title: Brian Scott, VP

Name and Title: _____

Address 4249 SW High Meadow Ave.

Address: _____

Palm City, FL 34990

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: Fox McCluskey Bush Robison, PLLC
Address: 3461 SE Willoughby Blvd.
Stuart, FL 34994

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Philip W. Grosdidier
Address: 3461 SE Willoughby Blvd.
Stuart, FL 34994


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

 Authorized Member
Required Signature/Registered Agent

6/13/22
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.


Required Signature/Incorporator

6/13/22
Date

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SECRETARY OF STATE
TALLAHASSEE, FL