

6/24/22, 3:30 PM

Division of Corporations  
Florida Department of State  
Division of Corporations

# P22000051742

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### FLORIDA PROFIT/NON PROFIT CORPORATION C.A. INTERNATIONAL INC

Certificate of Status	0
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**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: C.A. INTERNATIONAL INC**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

220 ARNHYM DRORLANDO, FL 32835**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**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BARTOLOME UBIERA (P)

Name and Title: \_\_\_\_\_

Address 220 ARNHYM DR

Address: \_\_\_\_\_

ORLANDO, FL 32835

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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ALMA MORENO, FL

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: BARTOLOME UBIERAAddress: 220 ARNHYM DRORLANDO, FL 32835**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: BARTOLOME UBIERAAddress: 220 ARNHYM DRORLANDO, FL 32835**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*/s/ Bartolome Ubiera

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.*/s/ Bartolome Ubiera

Required Signature/Incorporator

Date \_\_\_\_\_

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