

P22000052639

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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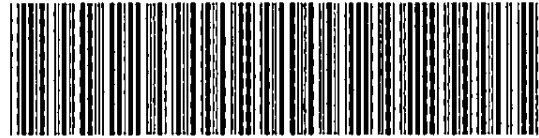
(Business Entity Name)

(Document Number)

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SEAL OF THE STATE
TALLAHASSEE, FL

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

7 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
50) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

g Investments Corp

Signature

Requested by: SETH

06/28

Name

Date

Time

Walk-In

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172 Ponders Printing • Tallahassee, GA 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
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Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
UCC 11 Search _____
UCC 11 Retrieval _____
Courier _____

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: CALG INVESTMENTS CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address
2121 PONCE DE LEON BLVD., STE. 1050
CORAL GABLES, FL 33134

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

ANY AND ALL LAWFUL BUSINESS

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TALLAHASSEE, FL

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maer Ashkenazi Betch - PD Name and Title: Frida Chomer de Ashkenazi - SD

Address 2121 Ponce de Leon Blvd Ste. 1050 Address: 2121 Ponce de Leon Blvd. Ste. 1050
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Consulting Services of South Florida Inc

Address: 2121 Ponce de Leon Blvd., Ste. 1050

CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ANTONIO GARCIA

Address: 2121 Ponce de Leon Blvd., Ste. 1050

CORAL GABLES, FL 33134

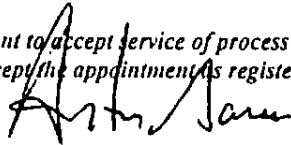
ARTICLE VIII EFFECTIVE DATE:

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

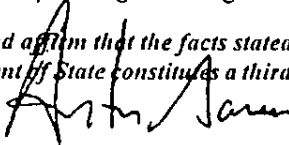


Required Signature/Registered Agent

06-27-2022

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

06-27-2022

Date

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