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DEPARTMENT OF STATE 1492 W FLAGLER ST
STATE OF FLORIDA SUITE 200
409 EAST GAINES STREET MIAMI FL 33135-
TALLAHASSEE, FL 32399 CONTACT: RAY STORMONT
FAX: (904) 922-4000 PHONE: (305) 541-3694
FAX: (305) 541-3770

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.
NAME: CALABRESE FOUNDATION, INC.
FAX AUDIT NUMBER: H95000008621 CURRENT STATUS: REQUESTED
DATE REQUESTED: 08/07/1995 TIME REQUESTED: 10:25:39
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TALLAHASSEE, FLORIDA

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ARTICLE IX INCORPORATION

OR

CALABRESE FOUNDATION, INC.

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9503-7 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: CALABRESE FOUNDATION, INC.

The principal place of business of this corporation shall be:

8198 NW. 162 ST.
Miami, FL 33016

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00 = \$ 1,000.00

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

HECTOR J. HALL
BASIC ACCOUNTING SERVICE
692 W. 29 Street # 9
Hialeah, Florida 33012
(305) 887-4185

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ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

GIUSEPPE CALABRESE , DR.
8198 NW. 162 ST.
Miami, Fl.33016

Director

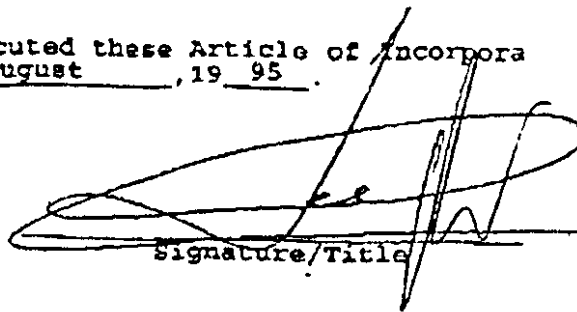
ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

GIUSEPPE CALABRESE , DR.
8198 NW. 162 ST.
Miami, Fl.33016

President, Sec. & Treasurer
100 shares

The undersigned has(have) executed these Article of Incorporation this 7 th. day of August, 19 95.


Signature/Title

Signature/Title

Signature/Title

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: _____

CALABRESE FOUNDATION, INC.

2. The name and address of the registered agent and office

is Giuseppe Calabrese Dr.
(Name)

8198 NW. 162 ST.

(P. O. BOX NOT ACCEPTABLE)

Miami, FL 33016

(CITY, STATE/ZIP)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE _____

DATE _____

8-7-95

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