Department of State **Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT:	MUNOZ - C	ALENE INC.	
Enclosed is an original	(Proposed co	orporate name - must include suffix) es of incorporation and a check for:	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 □ \$131.25 Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate ADDITIONAL COPY REQUIRED	
FROM: GAMA MUNOZ Name (Printed or typed) 1706 DRUID RO. E Printed & Section 1998			•
	Clear WATER	SECRETARY OF S. FLO State & Zip	

NOTE: Please provide the original and one copy of the articles $\frac{1000 - 31600}{1000}$

Daytime Telephone number



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 6, 1998

GAMA MUNOZ 1706 DRUID RD E CLEARWATER, FL 33756

SUBJECT: MUNOZ-CALENE INC. Ref. Number: W98000004983

We have received your document for MUNOZ-CALENE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

ONLY ONE PERSON IS ABLE TO SERVE AS THE REGISTERED AGENT. SINCE GAMA MUNOZ SIGNED THE ACCEPTANCE, PLEASE "WHITE OUT" OR CROSS OUT THE OTHER NAME IN ARTICLE IV.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6926.

Tracy Augsburger Document Specialist

Letter Number: 098A00012300

SUBJET: MUNOZ-CALENE INC.

GAMA MUNOZ 1706 DRUID RD. E CLEARWATER, FL.33756

DAY PHONE 813-403-1944

THANKYOU,

GAMA MUNOZ

(An additional article must be added if an effective date is requested.)

Signature/Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment 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 registered agent

Signature/Registered Agefrt Date