

F08000000673

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

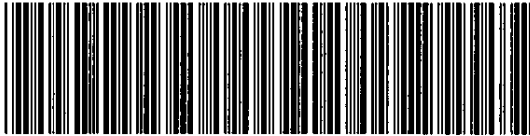
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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TALLAHASSEE, FLORIDA

VH

4271

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAPITOL MANAGEMENT, INC.
(Name of Foreign Corporation)

Dear Sir or Madam:

The enclosed Foreign Name Registration, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KENNETH Shobola
(Name of Person)

KAPITOL MANAGEMENT, INC.
(Firm/Company)

8001 N. Dale Mabey Hwy suite 701
(Address)

TAMPA, Florida 33614
(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH Shobola at (813) 426-5419
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$87.50 Filing Fee

\$96.25 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2007

KENNETH SHOBOLA
8001 N. DALE MABRY HWY, STE 701
TAMPA, FL 33614

SUBJECT: KAPITOL MANAGEMENT, INC.
Ref. Number: W07000061271

We have received your document for KAPITOL MANAGEMENT, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 207A00070822



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2007

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8001 N. DALE MABRY HWY, STE 701
TAMPA, FL 33614

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Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 207A00070822

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Kapitol Management, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

8001 N. Dale Mabry Highway Ste 701

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 22-3971432

(FEI number, if applicable)

4. November 8, 2007

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8001 N. Dale Mabry Highway Ste 701, Tampa, Florida 33614

(Principal office address)

8001 N. Dale Mabry Highway Ste 701, Tampa, Florida 33614

(Current mailing address)

8. To engage in any lawful act or activity for which corporations may be organized.

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Kenneth O Shobola

Office Address: 8001 N. Dale Mabry Highway Ste 701

Tampa, Florida 33614
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Kenneth O Shobola

Address: 3704 Berger Road
Lutz, Florida 33548

Vice Chairman: _____

Address: _____

Director: Kenneth O Shobola

Address: 3704 Berger Road
Lutz, Florida 33548

Director: _____

Address: _____

B. OFFICERS

President: Kenneth O Shobola

Address: 3704 Berger Road
Lutz, Florida 33548

Vice President: _____

Address: _____

Secretary: Kenneth O Shobola

Address: 3704 Berger Road, Lutz, Florida 33548

Treasurer: Kenneth O Shobola

Address: 3704 Berger Road, Lutz, Florida 33548

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Kenneth O Shobola-President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

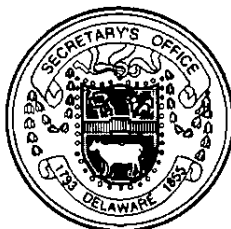
Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KAPITOL MANAGEMENT, INC" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SIXTEENTH DAY OF JANUARY, A.D. 2008.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4425294 8300

071378167

You may verify this certificate online
at corp.delaware.gov/authver.shtml

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6314771

DATE: 01-16-08