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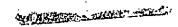
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COVER LETTER

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

SUBJECT: Capital Battery Line Inc.
(PROPOSED CORPORATENAME-MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

□ \$70.00 Filing Fee

☑ \$78.75 Filing Fee &

Certificate of Status

\$78.75

Filing Fee

& Certified Copy

\$87.50

Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Brian W. Forbing
Name (Printed or typed)

5011 Dest Bewl Lane Address

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE 1 NAME The name of the corporation shall be: Capital B	attery Line	e, Inc.	<u> </u>	
ARTICLE II PRINCIPAL OFFICE	•	,		
Principal <u>street</u> address: 5011 Dust Buil Lane		Mailing address, if different is: 4530 Tohn Buy Lane		-
Tallahassee, FL 32305		Tallahassee, FL 32303		-
ARTICLE III PURPOSE The purpose for which the corporation is organized is: development through dramline perform network of career and college profession providing mentorship to K-12 youth inst	mance, Capi	tal Battery Line organize: ercussion skills of desire	s a volunteer	
ARTICLE IV MANNER OF ELECTION The manner of ARTICLE V INITIAL OFFICERS AND/OR DIRECT Name and Title: Blim W. Follows . Operations	<u>TORS</u>			υS
Address SOII Dest Bowl Ln Tallahassee, FL 32305	Address:	SOII Dust Bowl Ln Tullahossee, FL 3230		
Name and Title:Address	Name and Ti		2019 H	- -
	_		ZHE C	<u> </u>
Name and Title:Address		tle:		
			.	

Name and Title:_		Name and Title:			
Address		Address:			
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Name and Title:_		Name and Title:			
Address		Address:		···	na produce
	R <u>EGISTERED AGENT</u> orida street <u>address</u> (P.O. Box NOT acce	entable) of the register	rd agent is:		
Name:	Rebecca Strong				
Address:	4530 John Boy Ln 1				
	Tellehessee, FL 32303				
	INCORPORATOR dress of the Incorporator is:				
Name:	Brian W. Forbing				
Address:	5011 Dust Bowl Ln				
1	Tallakssee, FL 32305			29	r · · · · ·
Effective date, if	EFFECTIVE DATE: other than the date of filing: ate is listed, the date must be specific a	nd cannot be more t	(OPTIONAL) han five days prior or 90 day	ys after the filing.)	
	inserted in this block does not meet the cive date on the Department of State's rec		ing requirements, this date wi	II not be listed as the	
certificate, I am j	ned as registered agent to accept service amiliar with and accept the appointment	as registered agent ar	id agree to act in this capacity	1	this
Ribec	er ann Stro	19-	3/_	6/2019	
	Required Signature of Registere	d Algoht	I	Date	
I submit this doc to the Departmen	unent and affirm that the facts stated he at of State constitutes a third degree felon	rein are true. I am aw y as provided for in s.	are that any false information 817.155, F.S.	submitted in a docu	nent
-9/	Required Signature of Inc.	ornorator	3/5	1 2019 Date	