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STLAHASSEF FLORIDA

COVER LETTER

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

SUBJECT:	Capitalist Endeavours, Inc.		
	(PROPOSED CORPORA	TE NAME - MUST INCL	
\$70.00 Filing Fee	_	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	T REQUIRED
FROM:	Tony Chlurato Name (Printed or typed)		
	4229 Robert Street Address		
	Jupiter, Fl 33469 City, State & Zip		
	864-361-6294		
	Daytime Telephone number chiurato1@bellsouth.net		
	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 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Capitalist Endeavours, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 4229 Robert Street Jupiter, Fl. 33469

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To purchase a service company

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Tony Chiurato, 4229 Robert Street Jupiter, Fl. 33469, President Cathy Chiurato, 4229 Robert Street Jupiter, Fl. 33469, Vice President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Tony Chiurato, 4229 Robert Street Jupiter, Fl. 33469

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Tony Chiurato, 4229 Robert Street Jupiter, Fl. 33469

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

Signature/Registered Agent

Signature/Incorporator

07-27-09

Date

07-27-09

Date

09 JUL 31 AM 10: 15