F0700006065

| (F | Requestor's Name) | |
|------------------------|-------------------------|--------|
| · | , | |
| | Address) | |
| (/ | (duress) | |
| | Action | |
| (/ | Address) | |
| | | |
| (0 | City/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| | | |
| (E | Business Entity Name) | |
| | | |
| (Document Number) | | |
| | | |
| Certified Copies | Certificates of | Status |
| | | |
| Special Instructions t | a Filing Officer | |
| Special instructions t | o Filing Officer. | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| , | | |

Office Use Only



000112564840

11/28/07--01024--006 **78.75

O7 NOV 28 PN 4: 3C

108 108



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 3, 2007

VANCE E MIXELL, JR. 1228 IMPALA STREET NORTH PORT, FL 34288

SUBJECT: CAPSTONE ENTERPRISES INC.

Ref. Number: W07000058608

We have received your document for CAPSTONE ENTERPRISES 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):

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return 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) 245-6955.

Letter Number: 207A00068243

Suzanne Hawkes Regulatory Specialist II

Division of Cornerations - P.O. BOY 6397 Tallahasson, Florida 39314

COVER LETTER

| TO: New Filing Section Division of Corporations |
|--|
| SUBJECT: Capstone Enterprises Inc. |
| (Name of corporation - must include suffix) |
| Dear Sir or Madam: |
| The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida. |
| Please return all correspondence concerning this matter to the following: |
| Vance E. Mixell, Jr. |
| (Name of Person) |
| Capstone Enterprises Inc. |
| (Firm/Company) |
| 1228 Impala Street |
| (Address) North Port, FL 34288 |
| (City/State and Zip code) |
| For further information concerning this matter, please call: |
| Vance E. Mixell, Jr. at (302) 983-0874 |
| (Name of Person) (Area Code & Daytime Telephone Number) |
| |
| STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |
| Enclosed is a check for the following amount: |
| \$70.00 Filing Fee \$\sum \\$78.75 Filing Fee & \$\sum \\$78.75 Filing Fee & \$\sum \\$87.50 Filing Fee, Certificate of Status & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy |

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.

| | orporation; must include "INCORPORATED," "COMPANY," "CORPORATION," orp," "Inc," "Co," or "Corp.") |
|--|--|
| C | CAPSTONE ENTERPRISES GROUP INC. |
| (If name unavaila | able in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) |
| Delaware | 3 20-3379290 |
| | under the law of which it is incorporated) (FEI number, if applicable) |
| _{4.} <u>8/29/2005</u> | 5. Indefinitely of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| (Date | of incorporation) (Duration: Year corp. will cease to exist or "perpetual") |
| 5 | |
| | (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) |
| . 1228 lmpa | ala Street North Port, FL 34288 |
| • | (Principal office address) |
| 1228 Impa | ala Street North Port, FL 34288 |
| | (Current mailing address) |
| Home Incr | pection, Real Estate & Business/Leadership Ventures |
| (Purpose(s | s) of corporation authorized in home state or country to be carried out in state of Florida) |
| , , , | et address of Florida registered agent: (P.O. Box NOT acceptable) |
| Name: | Jean Clanne-Mixell |
| Office Address: | 1228 Impala Street |
| | North Port , Florida 34288 |
| • . | (City) (Zip code) |
| ∩ Registered as | gent's acceptance: |
| Havina heen nam | ped as registered agent and to accept service of process for the above stated corporation at the plac |
| designated in this further caree to c | s application, I hereby accept the appointment as registered agent and agree to act in this capacity, comply with the provisions of all statutes relative to the proper and complete performance of my dis |
| and I am familiar | r with and accept the obligations of my position as registered agent. |
| : | |
| 0. | Amelin mily |
| | (Registered agent's signature) |
| | (VORIDICION NECTA O DIFTERMANA) |

under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Vice Chairman: Address: ___ Address: _____ **B. OFFICERS** President. Vance E. Mixell, Jr. Address: 1228 Impala Street North Port, FL 34288 Vice President: Jean Clappe-Mixell Address: 1228 Impala Street North Port, FL 34288 Secretary: Address: Treasurer: NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Vance E. Muell (j.

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

President - VANCE E. MIXELL JR.

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

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CAPSTONE ENTERPRISES 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 NINETEENTH DAY OF NOVEMBER, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID

CORPORATION IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE NOT HAVING BEEN CANCELLED OR DISSOLVED SO FAR AS THE

RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT

BUSINESS.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CAPSTONE ENTERPRISES INC." WAS INCORPORATED ON THE TWENTY-NINTH DAY OF AUGUST, A.D. 2005.

97 NOV 28 PN 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4022243 8300

071237247

Warriet Smith Windsor, Secretary of State

AUTHENTICATION: 6171852

DATE: 11-19-07

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