

FA000002840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

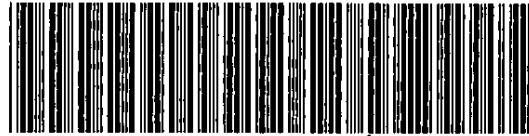
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/14--01012--013 **87.50

14 JUN 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

W14-29025

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Capital Asset Recovery INC, DBA Jacobson And Wright

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," or "Certificate of Good Standing" 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:

Mike Villafranca

Name of Person

Capital Asset Recovery Inc

Firm/Company

733 Delaware Rd STE 238

Address

Kenmore, NY 14217

City/State and Zip code

Mike@capitalassetrecoveryinc.com

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

For further information concerning this matter, please call:

Mike Villafranca at **(716) 846-4560**

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 ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2014

MIKE VILAFRANCA
733 DELAWARE RD SUITE 238
KENMORE, NY 14217

SUBJECT: CAPITAL ASSET RECOVERY INC, DBA JACOBSON AND WRIGHT
Ref. Number: W14000029025

RECEIVED
14 JUN 11 PM 2:12
TALLAHASSEE, FLORIDA

We have received your document for CAPITAL ASSET RECOVERY INC, DBA JACOBSON AND WRIGHT 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.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00009812



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 12, 2014

MIKE VILAFRANCA
733 DELAWARE RD SUITE 238
KENMORE, NY 14217

SUBJECT: CAPITAL ASSET RECOVERY INC, DBA JACOBSON AND WRIGHT
Ref. Number: W14000029025

We have received your document for CAPITAL ASSET RECOVERY INC, DBA JACOBSON AND WRIGHT and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

You failed to make the correction(s) requested in our previous letter.

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 214A00009812

RECEIVED
14 JUN 30 PM 4:13
SECY
TALLAHASSEE, FL 32314

**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. **Capital Asset Recovery Inc.**

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

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

2. **New York**

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

3. **45-5209364**

(FEI number, if applicable)

4. **May 2nd, 2014**

(Date of incorporation)

5. **Perpetual**

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

6. **N/A**

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

7. **3411 Delaware Ave Kenmore, NY 14217**

(Principal office address)

733 Delaware Rd Ste 238 Kenmore, NY 14217

(Current mailing address)

8. **Collections**

(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: **Northwest Registered Agent LLC**

Office Address: **3030 N. Rocky Point Dr, STE 150A**

Tampa

(City)

Florida 33607

(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.



Dan Keen - Manager

(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.

FILED
11 JUN 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

A. DIRECTORS

Chairman: Mike Villafranca

Address: 86 Wabash kenmore, NY 14217

Vice Chairman: Graham Hagan

Address: 1656 Parker Tonawanda, NY 14150

Director: Mike Villafranca

Address: 86 Wabash Kenmore, NY 14217

Director: Graham Hagan

Address: 1656 Parker Tonawanda, NY 14150

B. OFFICERS

President: Mike Villafranca

Address: 86 Wabash Kenmore, NY 14217

Vice President: Graham Hagan

Address: 1656 Parker tonawanda, NY 14150

Secretary: Graham Hagan

Address: 1656 Parker Tonawanda, NY 14150

Treasurer: Mike Villafranca

Address: 86 Wabash kenmore, NY 14217

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

13. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Mike Villafranca and Graham Hagan

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

14 JUN 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CAPITAL ASSET RECOVERY INC. was filed on 05/02/2012, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.



14 JUN 30 PM 1:43
SECRETARY OF STATE
TALLAHASSEE FLORIDA

WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 10th day of June two
thousand and fourteen.

Anthony Scardino

Executive Deputy Secretary of State