

F15000004009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

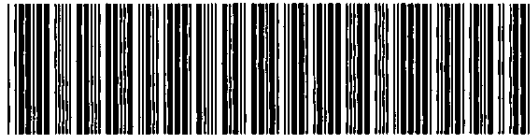
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W15-58183

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP. 11 2015
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2015

BOB PALMIERI
PO BOX 820567
VICKSBURG, MS 39182-0567

SUBJECT: CAPPAERT MANUFACTURED HOUSING, INC.
Ref. Number: W15000058183

We have received your document for CAPPAERT MANUFACTURED HOUSING, 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):

You must list the names and street addresses of the officers and directors of the corporation on the form/application.

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

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 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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 715A00018528

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CAPPAERT MANUFACTURED HOUSING, 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," 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:

BOB PALMIERI

Name of Person

CAPPAERT MANUFACTURED HOUSING, INC.

Firm/Company

PO BOX 320567

Address

VICKSBURG, MS 39182-0567

City/State and Zip code

rpalmieri@cappaerthousing.com

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

For further information concerning this matter, please call:

Bob Palmieri

601 636-5401 ext.120
at ()

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration 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

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**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.**

CAPPAERT MANUFACTURED HOUSING, INC.

1. _____
(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. MISSISSIPPI 3. 64-0746327
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. JUNE 5, 1987 5. PERPETUAL
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 6200 Hwy 61 South, Vicksburg, MS 39180
(Principal office address)

PO Box 820567, Vicksburg, MS 39182-0567
(Current mailing address, if different)

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

Name: John Wetzstein

Office Address: 636 S. W. 7th Avenue

Fort Lauderdale, Florida 33316
(City) (Zip code)

9. 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)

10. 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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11. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Michael L. Cappaert

Address: 3316 Indiana Ave.

Vicksburg, MS 39180

Vice Chairman:

Address:

Director: Alan B. Cappaert

Address: 118 Twin Creeks Drive

Vicksburg, MS 39180

Director:

Address:

B. OFFICERS

President: Michael L. Cappaert

Address: 3316 Indiana Ave.

Vicksburg, MS 39180

Vice President:

Address:

Secretary: Alan B. Cappaert

Address: 118 Twin Creeks Drive, Vicksburg, MS 39180

Treasurer:

Address:

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

12. 

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 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.

13. Alan B Cappaert - Secretary

Michael C APPAERT - President

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



DELBERT HOSEMANN
Secretary of State

Office of the Secretary of State
Jackson, Mississippi

Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on the 5th day of June, 1987, the State of Mississippi issued a Charter/ Certificate of Authority to

CAPPAERT MANUFACTURED HOUSING, INC.

That the state of incorporation is Mississippi.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

That insofar as the records of this office are concerned, the said CAPPAERT MANUFACTURED HOUSING, INC. is in good standing at this time.

Given under my hand and seal of office
the 4th day of September, 2015

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN15014393

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>