

P 00000046489

TRANSMITTAL LETTER

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

SUBJECT: Cappy's Dugout INC
(Proposed corporate name - must include suffix)

300003246402--4-
-05/10/00--01043--001
*****88.00 *****87.50

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 of Status

ADDITIONAL COPY REQUIRED

FROM: Joseph Cappelletto
Name (Printed or typed)

7396 Glasgow Rd
Address

Brooksville FL 34613
City, State & Zip

352-597-1979
Daytime Telephone number

RECEIVED
00 MAY 10 AM 10:29
00 MAY 10 AM 10:41
APPROVED AND FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Will Wait

CP
5-2-00

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CAPPY'S Dugout INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

34038 US Highway 19 N
Palm Harbor FL 34684

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Joseph Cappelletti
7396 Glasgow RD Brooksville FL 34613

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joseph Cappelletti
7396 Glasgow Rd
Brooksville FL 34613

Joseph Cappelletti
Signature Incorporator

5/10/2000
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Joseph Cappelletti
Signature Registered Agent

5/10/2000
Date

APPROVED
AND
FILED
00 MAY 10 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA