P00000060715

TRANSMITTAL LETTER

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

SUBJECT: Capital City Motorcycle Training, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

900003301303--6
-06/22/00--01071--010
*****87.50 *****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: William A. Woffold
Name (Printed or typed)

3020 Hawks Landing Dr.
Address

Tallahassee, FL. 32308
City, State & Zip

850-877-7791
Daytime Telephone number

RECEIVED
00 JUN 22 PM 1:06
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUN 22 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED AND FILED

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:

Capital City Motorcycle Training, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3020 Hawks Landing Dr. Tallahassee, Fl 32308

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To conduct motorcycle Rider training

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

APPROVED AND FILED
00 JUN 22 PM 1:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** registered agent is:

William A. Hoffard
3020 Hawks Landing Dr
Tallahassee, Fl. 32308

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

William A. Hoffard
3020 Hawks Landing Dr
Tallahassee, Fl 32308

****

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

W.A. Hoffard
Signature/Registered Agent

6-22-00
Date

W.A. Hoffard
Signature/Incorporator

6-22-00
Date