

TRANSMITTAL LETTER

PO0000067542

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

SUBJECT: Capitol Investments of North Florida, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300003323583--6
-07/14/00--01057--022
*****78.75 *****78.75

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: ROBERT A. FELICIANO
Name (Printed or typed)

2040 DELTA WAY
Address

TALLAHASSEE, FL 32303
City, State & Zip

850-894-8640, X 24
Daytime Telephone number

RECEIVED
00 JUL 14 PM 2:11
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED
00 JUL 14 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Will Wait

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:

Capitol Investments of North Florida, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2040 Delta Way
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Consulting & Investments.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Robert A. Feliciano, President & CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

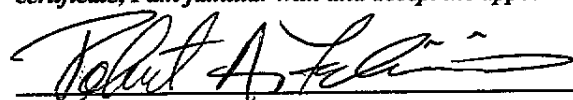
Robert A. Feliciano
2040 Delta Way
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

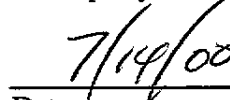
The name and address of the Incorporator is:

Robert A. Feliciano
2040 Delta Way
Tallahassee, FL 32303

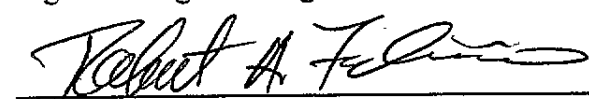
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
00 JUL 14 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA