

P02000023943

943 Brunswick Ln  
Rockledge, FL 32955

Address

City/State/Zip

Phone #

200004990692--6  
-02/22/02--01035--008  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
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(Corporation Name) (Document #)

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- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 26, 2002

RANDALL L. ROMINE  
943 BRUNSWICK LN  
ROCKLEDGE, FL 32955

SUBJECT: CAPE SERVICES INC.  
Ref. Number: W02000005443

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02 MAR -14 AM 9:32  
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We have received your document for CAPE SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

Please return the original and one copy of 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) 245-6929.

Joey Bryan  
Document Specialist  
New Filing Section

Letter Number: 702A00011715

CORPORATE  
ARTICLES OF INCORPORATION

OF

CAPE SERVICES OF BREVARD INC

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02 MAR -14 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Corporate Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CAPE SERVICES OF BREVARD INC.

ARTICLE II PRINCIPAL OFFICE

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

943 Brunswick Ln  
Rockledge, Florida 32955

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 shares of no par value stock.

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:


Randall L. Romine  
943 Brunswick Ln  
Rockledge, Fl. 32955

ARTICLE V INCORPORATOR(S)

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

Randall L. Romine  
943 Brunswick Ln  
Rockledge, Fl. 32955

The undersigned has executed these Articles of Incorporation this 28 day of February, 2002.

  
Randall L. Romine

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office\registered agent, in the state of Florida.

1. The name of the corporation is:

CAPE SERVICES OF BREVARD INC.

2. The name and address of the registered agent and office is:

Randall L. Romine  
943 Brunswick Ln  
Rockledge, Fl. 32955

SIGNATURE

  
Randall L. Romine

TITLE

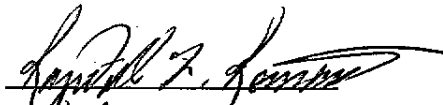


DATE


  
Feb 28, 2002

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 FAMILIARY WITH AND ACCEPT THE OBLICATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE



DATE

  
Feb 28, 02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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