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TRANSMITTAL LETTER

FILED

02 APR 15 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

-04/15/02--01061--007
*****87.50

SUBJECT: 4866 CAPE, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700005272517--6
-04/15/02--01061--007
*****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: TIMOTHY JON MITTS
Name (Printed or typed)

P.O. BOX 487
Address

NANUET, NY 10954
City, State & Zip

(845) 732-8150
Daytime Telephone number

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

CB 4-22
(120) 11325

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:

4866 CAPE, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5934 BENT PINE DRIVE
ORLANDO, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

200 NO PAR VALUE

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

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

TIMOTHY JON MITTS
5934 BENT PINE DROVE
ORLANDO, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MITTS & CO. Inc.
P.O. BOX 487
NANUET, NY 10954

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

3/25/02

Date

Signature/Incorporator

3/25/02

Date

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