

P03000047142

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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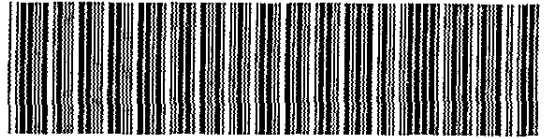
(Business Entity Name)

(Document Number)

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04/09/03--01041--006 **78.75

FILED
03 APR 28 AM 9:56
SOUTHERN STATE
PALM BEACH, FLORIDA

VF

TRANSMITTAL LETTER

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

SUBJECT: Capital Financial Co.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Guy Vardi
Name (Printed or typed)

11648 Sunshine Beach Rd
Address

Tampa FL 33635
City, State & Zip

(813) 818-8449
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 14, 2003

GUY VARDI
11648 SUNSHINE POND RD
TAMPA, FL 33635

SUBJECT: CAPITAL FINANCIAL CO.
Ref. Number: W03000010610

We have received your document for CAPITAL FINANCIAL CO. 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) 245-6962.

Valerie Ingram
Document Specialist
New Filings Section

Letter Number: 003A00022340

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

The name of the corporation shall be:

1st Capital Financial, Inc.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

11648 Sunshine Pond Rd

Tampa FL 33635

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Finance/ Financial

ARTICLE IV SHARES

The number of shares of stock is:

One Million (1,000,000) Common

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Guy Vardi - 11648 Sunshine Pond Rd
(President) Tampa FL 33635

ARTICLE VI REGISTERED AGENT

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

Guy Vardi - 11648 Sunshine Pond Rd
Tampa FL 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

- Guy Vardi -
11648 Sunshine Pond Rd
Tampa FL 33635

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

Guy Vardi
Signature/Registered Agent

04/23/03
Date

Guy Vardi
Signature/Incorporator

04/23/03
Date