P04000086194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

600037414716

06/02/04--01039--013 **87.50

04 JUN -2 PM 1:13
DIVISION OF CORPORATION

04 JUN -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Capital Utility INC.
(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: [redacted] Jacqueline Courtney Oliver
Name (Printed or typed)

13 Marie Circle
Address

Crawfordville, FL 32327
City, State & Zip

(850) 926-1569
Daytime Telephone number

FILED
04 JUN -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 Utility, INC.

FILED
04 JUN -2 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

13 Marie Circle
Crawfordville, Fl 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Utility design + permitting

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jacqueline Courtney Oliver - President
13 Marie Circle Crawfordville, Fl 32327

ARTICLE VI REGISTERED AGENT

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

Jacqueline Courtney Oliver
13 Marie Circle Crawfordville, Fl 32327

ARTICLE VII INCORPORATOR

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

Jacqueline Courtney Oliver
13 Marie Circle Crawfordville, Fl 32327

****

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

Jacqueline C Oliver
Signature/Registered Agent

6/2/04
Date

Jacqueline C Oliver
Signature/Incorporator

6/2/04
Date