

PO6000091184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

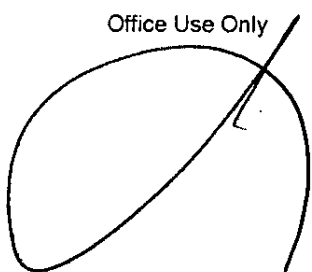
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Chris Capogna Enterprises, Incorporated

(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: Chris Capogna

Name (Printed or typed)

1696 N. Hercules Ave.

Address

Clearwater, FL 33765

City, State & Zip

727-442-2901

Daytime Telephone number

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:

Chris Capogna Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1696 N. Hercules Ave.
Clearwater, FL 33765

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Catering

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):

Chris Capogna Owner/President
1696 N. Hercules Ave.
Clearwater, FL 33765

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

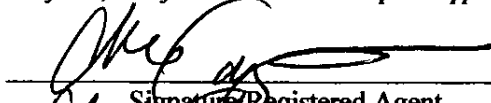
Chris Capogna 1696 N. Hercules Ave. Clearwater, FL 33765

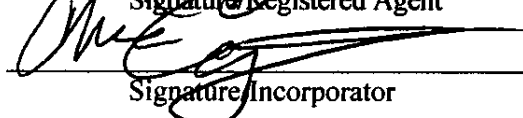
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Chris Capogna 1696 N. Hercules Ave. Clearwater, FL 33765

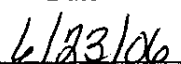
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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TALLAHASSEE, FLORIDA