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OIVISION OF THE STATE

2 July

## COVER LETTER,

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

SUBJECT:	Ca	,	City		1 ,	. ,	
•		(PROP	OSED CORPORA	TE NAME – <u>M</u>	UST INCLUD	E SUFFIX	)

Enclosed are an original	nal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 — Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED

FROM: _	Christopher lotter (Name (Printed or typed)	
	1923 N. Mission Rd.	
	Tallahassee Florida 3230	3
	850-591-9753  Daytime Telephone number	

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be:  Capital City Carpentry Inc.
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  1923 N. Mission Rd., Tallahassee, Fl. 3230
ARTICLE III PURPOSE  The purpose for which the corporation is organized is: Carpentry, renovations,  remodeling.
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Christopher E. Porter  1923 N. Mission Rd.  Tailahassee, Fl. 32303  ARTICLE VI REGISTERED AGENT President
The name and Florida street address (P.O. Box NOT acceptable) of the registered agentins of the regist
Christopher E. Horles 32303  *********************************
Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator  Signature/Incorporator