

PO7000033853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

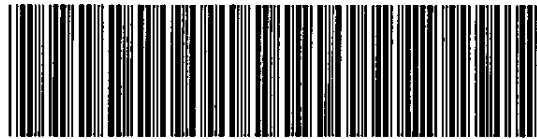
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature*

## COVER LETTER

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

SUBJECT: CP Capital Holdings, 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: Harold L. Connell

Name (Printed or typed)

999 Brickell Avenue, Suite 600

Address

Miami, FL 33131

City, State & Zip

305-702-5501

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:

CP Capital Holdings, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailing address is:

999 Brickell Avenue, Suite 600, Miami, FL 33131

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any lawful business activity

### **ARTICLE IV SHARES**

The number of shares of stock is:

20,000,000 Common Shares at \$0.01 per share par value and 1 Preferred Share at \$10.00 Par Value.

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Harold L. Connell, President and CEO

### **ARTICLE VI REGISTERED AGENT**

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

Harold L. Connell, 999 Brickell Avenue, Suite 600, Miami, FL 33131

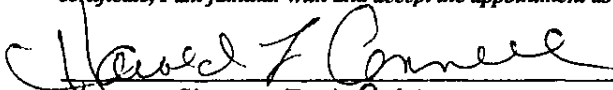
### **ARTICLE VII INCORPORATOR**

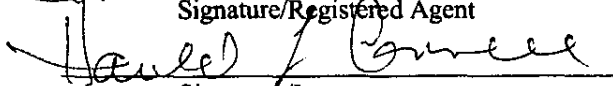
The name and address of the Incorporator is:

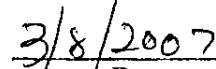
Harold L. Connell, 999 Brickell Avenue, Suite 600, Miami, FL 33131

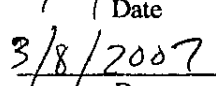
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA