

P07000 100691

(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

9-11



300109114173

09/11/07--01021--007 \*\*70.00

RECEIVED

07 SEP 11 AH 10:13

DEPARTMENT OF REVENUE  
DIVISION OF REGISTRATION  
TALLAHASSEE, FLORIDA

FILED

2007 SEP 11 AH 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: Capital Containers, 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:

Cecil Cone

Name (Printed or typed)

1429 Covey Ridge St,

Address

Tallahassee, FL 32312

City, State & Zip

850-668-3445

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:

*Capital Containers, Inc*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*Paul Carlson  
2750 Old Saint Augustine Rd Apt R180  
Tallahassee FL 32301*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

*Any and All Lawful Business*

## ARTICLE IV SHARES

The number of shares of stock is:

*500*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Paul Carlson President  
Cecil Cone Vice President*

## ARTICLE VI REGISTERED AGENT

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

*Cecil Cone  
1429 Corey Rd Apt  
Tallahassee, FL 32312*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Paul Carlson  
2750 Old Saint Augustine Rd Apt R180  
Tallahassee FL 32301*

\*\*\*\*\*

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

*Cecil Cone*

Signature/Registered Agent

*Paul Carlson*

Signature/Incorporator

*9/11/2007*  
Date

*9/11/07*  
Date

2007 SEP 11 AM 10:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED