80800015922

| (Requestor's Name) | | | | |
|---|------------------|-------------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies | Certificate | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900117591249

. 02/11/08--01038--003 **78.75





COVER LETTER

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

| _{SUBJECT:} CSU | Capitol, Inc. | | |
|-------------------------|--|--|--|
| | (PROPOSED CORPORA) | | |
| \$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 |
| frом: <u>Ni</u> | cole Cullison | Printed or typed) | |
| - | 163 Crown Point Circle | ddress | |
| - | Longwood, FL 32779 | State & Zip | |
| - | 407-265-0123 | elenhone 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:

CSU Capitol, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 163 Crown Point Circle Longwood, FL 32779

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide capitol to small businesses

ARTICLE IV SHARES

The number of shares of stock is: 10.000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Nicole Cullison 163 Crown Point Circle Longwood, FL 32779 President



ARTICLE VI REGISTERED AGENT

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

Nicola Cullison 163 Crown Point Circle Longwood, FL 32779

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Nicole Cullison 163 Crown Point Circle Longwood El 32779

| Longwood, FL 32779 | |
|---|------------|
| ************ | ********** |
| Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a | |
| Noole Callison | 2-8-08 |
| Signature/Registered Agent | Date |
| Nierle Cullian | 2-8-08 |
| Signature/Incorporator | Date |