

PB8000/10367

(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



000138393370

12/04/08--01004--012 **78.75

FILED

2008 DEC 22 P 4:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

20-54483
20-24202

COVER LETTER

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

CAPS-UP, INC.

SUBJECT: _____
(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: _____

JON M. HOGENKAMP
5771 BASS CIRCLE
FT MYERS, FL 33919

Address

City, State & Zip

239-989-1905

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 8, 2008

JON M. HOGENKAMP
5771 BASS CIR.
FT. MYERS, FL 33919

SUBJECT: CAPS-UP, INC.
Ref. Number: W08000054483

We have received your document for CAPS-UP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

Letter Number: 408A00059559

**Jon M. Hogenkamp
5771 Bass Circle
Ft. Myers, FL 33919**

December 18, 2008

**Florida Department Of Revenue
Division Of Corporation
P.O. Box 6327
Tallahassee, Florida 32314**

**Subject: CAPS-UP, INC.
Ref. W08000054483**

**RECEIVED
DEPARTMENT OF STATE
08 DEC 22 PM 1:09**

Dear Wanda Cunningham,

Enclosed is a copy of the letter you sent and the original paperwork on this corporation.

The letter states " The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity."

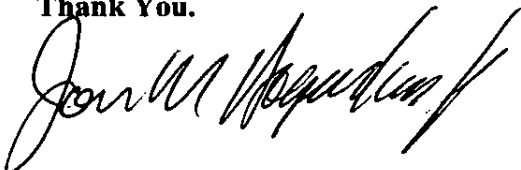
While researching this after receiving your letter, it shows a CAPS-UP name used as a trademark, which was filed 09/26/08. The trademark is also owned by me. This should clarify this matter. Please issue my Corporation as per enclosed paperwork.

If you have further questions, please contact me at the above address, or

Tel (239) 989-1905

Fax (239) 267-0670

Thank You.



Jon M. Hogenkamp

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:

CAPS-UP, INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

5771 BASS CIRCLE
FT. MYERS, FL 33919

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PURCHASE AND SALE OF ACCESSORIES FOR SPORT CAPS.
AND TO ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH A
CORPORATION CAN BE FORMED UNDER FLORIDA REVISED CODE.

ARTICLE IV SHARES

The number of shares of stock is:

750 SHARES OF COMMON STOCK – NO PAR VALUE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JON M. HOGENKAMP, PRESIDENT
5771 BASS CIRCLE
FT MYERS, FL 33919

ARTICLE VI REGISTERED AGENT

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

JON M. HOGENKAMP
5771 BASS CIRCLE
FT MYERS, FL 33919

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JON M. HOGENKAMP
5771 BASS CIRCLE
FT MYERS, FL 33919

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

✓ Jon M Hogenkamp
Signature/Registered Agent

✓ Jon M Hogenkamp
Signature/Incorporator

✓ 12/01/2008
Date

✓ 12/01/2008
Date

FILED
2008 DEC 22 P 11:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA