(Requestor's Name)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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# **COVER LETTER**

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

SUBJECT: Capling	Leveling & Construction, Inc.		
•	(PROPOSED CORPORA		
\$70.00 Filing Fee	inal and one (1) copy of the artic  \$78.75  Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status
FROM: <u>Wa</u>	ayne Capling Name (	Printed or typed)	
	301 2nd Ave.	Address	
	LaBelle, FL 33935 City,	State & Zip	
	239-229-5846  Daytime T	elephone number	<del></del>

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

APPRO ... AND FILED

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

O9 APR 21, PM 3: 55 SECRETARY OF STATE TALLAHASSEE, FI CRID;

# ARTICLE I NAME

The name of the corporation shall be:

Capling Leveling & Construction, Inc.

# ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 301 2nd Ave.
LaBelle, FI 33935

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: land preparation

#### ARTICLE IV SHARES

The number of shares of stock is: \$500.00

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s): Wayne Capling 301 2nd Ave. LaBelle, FL 33935 President/VP Barbara Capling 301 2nd Ave LaBelle, FL 33935 S/TR

# ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Barbara Capling 301 2nd Ave. LaBelle, FL 33935

### ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Wayne Capling 301 2nd Ave. LaBelle, FL 33935

*****************	*************
Having been named as registered agent to accept service of process for	he above stated corporation at the place designated in this
certificate, I am familiar with and accept the appointment as registered ago	ent and agree to act in this capacity
a same be a (A) (A) as	7
Labara Capli	4-21-2009

Signature/Registered Agent

4-21-2009

Signature/Incorporator

Da

Date

Date