

P09000095705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

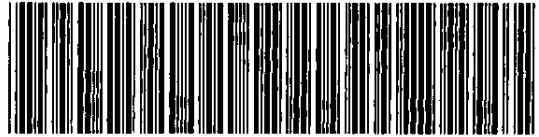
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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2009 NOV 23 PM 1:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV 24 2009  
J. Shaw

## COVER LETTER

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

**SUBJECT:** PIPELINE CAPITAL 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee, .
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: RUTH CONNORS  
Name (Printed or typed)

134 CIPRIANI WAY  
Address

NOKOMIS, FL 34275  
City, State & Zip

201-377-1648  
Daytime Telephone number

RUTHSPOST@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA

五

**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:

PIPELINE CAPITAL INC

## **ARTICLE II      PRINCIPAL OFFICE**

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

134 CIPRIANI WAY  
NOKOMIS, FL 34275

## **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

ALL LEGAL AND LAWFUL PURPOSES

## **ARTICLE IV      SHARES**

The number of shares of stock is:

200 NO PAR VALUE

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

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

RUTH CONNORS  
134 CIPRIANI WAY  
NOKOMIS, FL 34275

## **ARTICLE VI      REGISTERED AGENT**

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

RUTH CONNORS  
134 CIPRIANI WAY  
NOKOMIS, FL 34275

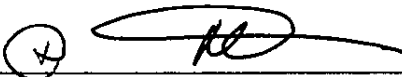
## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

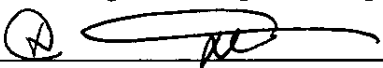
RUTH CONNORS  
134 CIPRIANI WAY  
NOKOMIS, FL 34275

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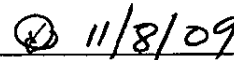
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



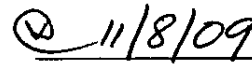
Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA