

P11000007985

(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



500191699735

01/21/11--01029--028 **140.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 21 PM 2:13

Am 1/25/11

COVER LETTER

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

SUBJECT: Cape Junk-N-Stuff, 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

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

FROM: Roxanne Casey

Name (Printed or typed)

811 Santa Barbara Blvd.

Address

Cape Coral, FL 33990

City, State & Zip

239-823-4774

Daytime Telephone number

roxcasey@yahoo.com

E-mail address: (to be used for future annual report notification)

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

Cape Junk-N-Stuff, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

1056 Pine Island Road

Cape Coral, FL 33909

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pick up and remove and dispose of business and home junk, i.e. furniture; small and large household/office appliances; tires; light auto and truck junk; carpets; mattress and box spring; etc.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares at \$1.00 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David Rigby, Pres/Dir.

Address: 811 Santa Barbara Blvd.

Cape Coral, FL 33990

Name and Title: Roxanne Casey, Secty.

Address: 811 Santa Barbara Blvd.

Cape Coral, FL 33990

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Roxanne Casey

Address: 811 Santa Barbara Blvd.

Cape Coral, FL 33990

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Roxanne Casey

Address: 811 Santa Barbara Blvd.

Cape Coral, FL 33990

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JAN 21 PM 2:13

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


Required Signature/Registered Agent

January 2, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

January 2, 2011

Date