

P 11000012854

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

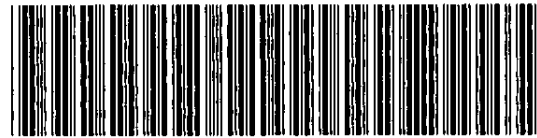
(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 FEB -7 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP 2/7/11

COVER LETTER

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11 FEB -7 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: Capital City Carpentry 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

\$78.75 Filing Fee & Certified Copy
 \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Christopher Earl Porter
Name (Printed or typed)
2888 Royal Palm Way
Address
Tallahassee, FL 32309
City, State & Zip
850-591-9753
Daytime Telephone number
christopher_e_porter@hotmail.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

The name of the corporation shall be:

Capital City Carpentry Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

2888 Royal Palm Way
Tallahassee, Fl. 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Porter (CEO)
Address: 2888 Royal Palm Way
Tallahassee, Fl. 32309

Name and Title: _____
Address: _____

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:

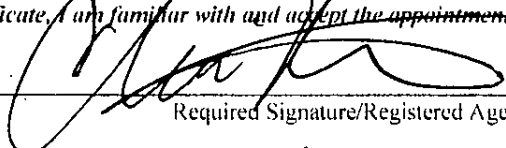
Name: Christopher Porter
Address: 2888 Royal Palm Way
Tallahassee, Fl. 32309

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Porter
Address: 2888 Royal Palm Way
Tallahassee, Fl. 32309

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

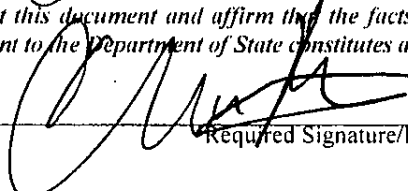


Required Signature/Registered Agent

2/7/11

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

2/7/11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA