

P11000037131

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

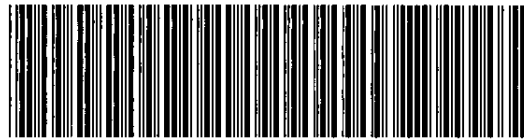
(Document Number)

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

Special Instructions to Filing Officer:

*Emilio Vazquez* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article IV*  
DATE *4/18/11*  
DOC. EXAM *MRD*

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11 APR 15 PM 3:24  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRD  
4/18

## COVER LETTER

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

SUBJECT: CAPITOLIUM LOGISTICS, 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: Emilio Vazquez

Name (Printed or typed)

35303 SW 180 Ave. Lot 384

Address

Florida City, FL 33034

City, State & Zip

305-305-3440

Daytime Telephone number

evazquez9640@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**

**CAPITOLIUM LOGISTICS, INC.**

The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
35303 SW 180 Ave. Lot 384  
Florida City, FL 33034

Mailing address, if different is:

P.O. Box 343273  
Florida City, FL 33034

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**SALES AND LOGISTICS**

**ARTICLE IV SHARES**

The number of shares of stock is: **1000**

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

Name and Title: Emilio Vazquez -President  
Address: 35303 SW 180 Ave. Lot 384  
Florida City, FL 33034

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: Emilio Vazquez  
Address: 35303 SW 180 Ave. Lot 384  
Florida City, FL 33034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Emilio Vazquez  
Address: 35303 SW 180 Ave. Lot 384  
Florida City, FL 33034

*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*

Emilio Vazquez  
Required Signature/Registered Agent

April 11, 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.*

Emilio Vazquez  
Required Signature/Incorporator

April 11, 2011  
Date

**FILED**  
**11 APR 15 PM 3:24**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**