## P1100004873

(Requestor's Name)				
(Address)				
(1001000)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
<b>\</b>				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

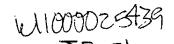


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## **COVER LETTER**

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

SUBJECT: CapitalCurve.com,Inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the arti	cles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 \$87.50  Filing Fee Filing Fee, & Certified Copy Certified Copy & Certificate of Status
	ADDITIONAL COPY REQUIRED
FROM: Eric Cantrell Name	(Printed or typed)
1412 Foxforrest Circle	Address
Apopka FL 32712	
City,	State & Zip
407-591-8499 Daytime T	elephone number
eric1stepfunding@aol.co	-

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

May 6, 2011

ERIC CANTRELL 1412 FOXFORREST CIRCLE APOPKA, FL 32712

SUBJECT: CAPITAL CURVE.COM, INC.

Ref. Number: W11000025439

We have received your document for CAPITAL CURVE.COM, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason Regulatory Specialist II

Letter Number: 611A00011280

11 HAY 17 AM 11: 54
SECRETARY OF STATE

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

	rporation shall be: CAPITAICU	Rue, com, INC.	
ARTICLE II	PRINCIPAL OFFICE		
_	Principal street address	Mailing a	ddress, if different is:
	412 Foxforrest Circle		
A	popka Fl 32712	-	
-		<del> </del>	
ARTICLE III			
The purpose for wi	nich the corporation is organized is:		
The number of shar			
ARTICLE V	INITIAL OFFICERS AND/OR DIRE tte: Eric Cantrell President/CEO	Nome and Title	
Address:	1412 Foxforrest Circle	Address:	
Address.	Apopka FI 32712		
	Apulpa II Del IV	<del></del>	
	tle:		
Address:		Address:	· . · ·
		<del></del>	· · · · · · · · · · · · · · · · · · ·
	tle:		
Address:		Address:	
ARTICLE VI	REGISTERED AGENT		
	rida street address (P.O. Box NOT accepta	able) of the registered agent is:	≥83 =
Name:	Eric Cantrell		ŞÇ X
Address:	1412 Foxforrest Circle		
	Apopka Fl 32712		
4 D.MT.CT	ZIMODBOB 4 MOD		
	INCORPORATOR		
ne <u>name and add</u> Name:	ress of the Incorporator is:		
Address:	Eric Cantrell	<del></del>	
	1412 Foxforrest Circle Apopka Fl 32712		F. 12
ridaress.		<del>-i</del>	- <del></del>
Tudios.			
Having been name	d as registered agent to accept service of a familiar with and accept the appointment		
Having been name	d as registered agent to accept service of		ct in this capacity
Having been name	d as registered agent to accept service of	t as registered agent and agree to a	
Having been name this certificate; fan	d as registered agent to accept service of familiar with and accept the appointment and accept the appointment Required Signature/Registered Agenest and affirm that the facts stated here	t as registered agent and agree to a ent ent ein are true. I am aware that the	May 4,2011  Date  false information submitted in a
Having been name this certificate, fan	d as registered agent to accept service of a familiar with and accept the appointment of the appointment of the appointment of the appointment of the accept the appointment of the accept service of the appointment of the accept service of the	t as registered agent and agree to a ent ent ein are true. I am aware that the	May 4,2011  Date  false information submitted in a
Having been name this certificate, fan	d as registered agent to accept service of familiar with and accept the appointment and accept the appointment Required Signature/Registered Agenest and affirm that the facts stated here	t as registered agent and agree to a ent ent ein are true. I am aware that the	May 4,2011  Date  false information submitted in a