

P11000055144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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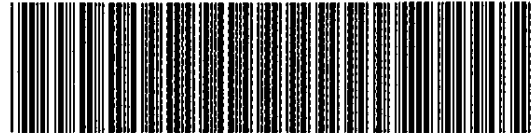
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 JUN 10 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
6-13-11

COVER LETTER

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

SUBJECT: CAPELLA SERVICES CORP

(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: THELMA CAPELLA

Name (Printed or typed)

1200 SW 124 TERR APT. 307

Address

PEMBROKE PINES FL 33027

City, State & Zip

786-350-6279

Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 CAPELLA SERVICES CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1200 SW 124 TERR APT. 307
PEMBROKE PINES FL 33027

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: <u>THELMA CAPELLA</u>	Name and Title: _____
Address: <u>1200 SW 124 TERR APT. 307</u>	Address: _____
<u>PEMBROKE PINES FL 33027</u>	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: THELMA CAPELLA
Address: 1200 SW 124 TERR APT. 307
PEMBROKE PINES FL 33027

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: THELMA CAPELLA
Address: 1200 SW 124 TERR APT. 307
PEMBROKE PINES FL 33027

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

Thelma Capella
Required Signature/Registered Agent

6/6/2011
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.

Thelma Capella
Required Signature/Incorporator

6/6/2011
Date

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TALLAHASSEE, FLORIDA