

PI1000056884

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP



WAIT

MAIL

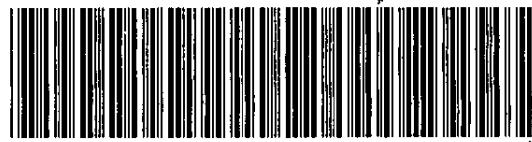
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/11--01021--004 **70.00

RECEIVED
11 JUN 20 PH12:03

DEPARTMENT OF STATE
DIVISION OF CORPORATE
TAXES
TALLAHASSEE, FLORIDA

11 JUN 20 PH12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRB
6/20

COVER LETTER

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

SUBJECT: Capital Reditor 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: Capital Reditor Inc
Name (Printed or typed)

17115 monroe st
Address

Tall FL 32301
City, State & Zip

850-224-0239
Daytime Telephone number

None
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 Reditor Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

*1711 S Monroe St
Tallahassee FL 32301*

Mailing address, if different is:

59m

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is:

#1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: *Hubert Faivcath Jr*

Name and Title:

Address: *PO Box 5362*

Address:

*1711 S Monroe St
Tallahassee FL 32301*

FILED
11 JUN 20 PHB:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: *Hubert Faivcath Jr*

Address: *1711 S Monroe St*

Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: *Hubert Faivcath Jr*

Address: *1711 S Monroe St*

Tallahassee FL 32301

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

Hubert Faivcath Jr

Required Signature/Registered Agent

6-20-2011

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.

Hubert Faivcath Jr

Required Signature/Incorporator

6-20-2011

Date