

P12000075092

(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:

Frank A1 Capote **ONE**  
AUTHORIZATION BY PHONE TO  
CORRECT Articles IV  
DATE 9/4/12  
BOG. EXAM MRD

Office Use Only



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08/31/12--01005--003 \*\*70.00

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12 AUG 31 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRD  
9/4/12

112 115609

## COVER LETTER

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

SUBJECT: Al Capote's Cleaners 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: frank al capote

Name (Printed or typed)

3020 w kennedy blvd

Address

tampa fl 33609

City, State & Zip

813 876 0660

CELL # 813 810 1656

Daytime Telephone number

facapote1@aol.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: Al Capote's Cleaners Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3020 w kennedy blvd  
tampa fl 33609

Mailing address, if different is:

3020 w kennedy blvd  
tampa fl 33609

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to operate a business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: frank al capote  
Address: 3020 w kennedy blvd  
tampa fl 33609

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: norman cannella  
Address: 111 south moody ave  
tampa fl 33609

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: frank al capote  
Address: 3020 w kennedy blvd  
tampa fl 33609

*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*

Norman Cannella  
Required Signature/Registered Agent

8/28/2012  
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.*

[Signature]  
Required Signature/Incorporator

8/28/12  
Date

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12 AUG 31 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA