

P13000080310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

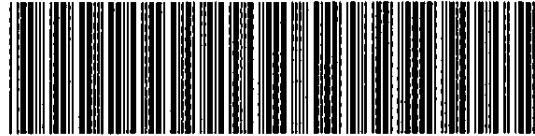
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2013 SEP 30 PM 3:46
TO ACHIEVE
SUFFICIENCY OF FILING

44-111-120
FILED
13 SEP 30 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Capital City Car Care 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: _____

Dwight Antonio Mathis
Name (Printed or typed)

1657 Paul Russell Rd
Address

Tallahassee Florida 32301
City, State & Zip

(850) 251-5649
Daytime Telephone number

Dwight081@gmail.com
E-mail address: (to be used for future annual report notification)

SECRET
TALLAHASSEE
FEB 11 2008

13 SEP 30 PM 3:56

APPROVED
FILED

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: Capitol City Car Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

11057 Paul Russell Rd
Tallahassee, Florida 32301

11057 Paul Russell Rd
Tallahassee, Florida 32301

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: Dwight ^{Mack} [Signature] / P Name and Title: _____

Address 11057 Paul Russell Rd Address: _____

Tallahassee, Florida

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRET
TALLAHASSEE, FLORIDA

13 SEP 30 PM 3:56

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(cont.)

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: Dwight Mathis
Address: 11057 Paul Russell Rd
Tall, FL 32301
Tallahassee, Florida 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dwight Mathis
Address: 11057 Paul Russell Rd
Tall, FL 32301
Tallahassee, Florida 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

Dwight Antonio Mathis
Required Signature/Registered Agent

9/30/13
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.

Dwight Antonio Mathis
Required Signature/Incorporator

9/30/13
Date

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
FILED