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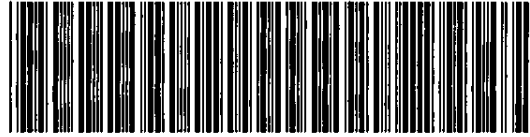
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATION
2014 JAN -8 PM 3:04

14

COVER LETTER

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

SUBJECT: **CAPTION IMAGE, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **LUCIA ATEHORTUA**

Name (Printed or typed)

2000 NORTH BAYSHORE DRIVE, APT 1505

Address

MIAMI, FL 33137

City, State & Zip

305-992-6756

Daytime Telephone number

KRISDOU@MSN.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)

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SECRETARY OF STATE
DIVISION OF CORPORATION

ARTICLE I NAME

The name of the corporation shall be: **CAPTION IMAGE, INC.**

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2000 NORTH BAYSHORE DRIVE, APT 1505

MIAMI, FL 33137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ANY LAWFUL BUSINESS PURPOSE**

ARTICLE IV SHARES **500**

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LUCIA ATEHORTUA, PRESIDENT**

Name and Title: _____

Address **2000 NORTH BAYSHORE DRIVE, APT 1505**

Address: _____

MIAMI, FL 33137

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Kris I. Dougherty, C.P.A.
Address: 1111 Kane Concourse #611-A
Bay Harbor Islands, FL 33154

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Kris I. Dougherty, C.P.A.
Address: 1111 Kane Concourse #611-A
Bay Harbor Islands, FL 33154

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

Kris I. Dougherty, CPA 1.6.14
Required Signature/Registered Agent 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.

Kris I. Dougherty, CPA 1.6.14
Required Signature/Incorporator Date