

PI4000008286

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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2014 JAN 29 AM 9:25

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11:00 AM
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14 JAN 29 AM 9:36

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AND
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MD 1/29

COVER LETTER

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

SUBJECT: Capital Commerce Construction Management, 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: C.T. Harden
Name (Printed or typed)
216 West College Ave #486
Address
Tallahassee, FL 32302
City, State & Zip
(850) 766-0293
Daytime Telephone number
positiveenergy101@gmail.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: Capital Commerce Construction Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

216 West College Avenue
#485
Tallahassee, FL 32302

Mailing address, if different is:

P.O. Box 485
Tallahassee, FL 32302

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Management
and any and all lawful business

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STATE
FLORIDA

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ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>J. T. Harden - CEO</u>	Name and Title:	<u>C.T. Harden - COO</u>
Address	<u>216 West College Ave</u> <u>#485</u> <u>Tallahassee, FL 32302</u>	Address:	<u>216 West College Ave</u> <u>#485</u> <u>Tallahassee, FL 32302</u>
Name and Title:	<u>Freddy L. Green - VP</u>	Name and Title:	<u>Donald Walker - VP</u>
Address	<u>216 West College Ave</u> <u>#485</u> <u>Tallahassee, FL 32302</u>	Address:	<u>216 West College Ave</u> <u>#485</u> <u>Tallahassee, FL 32302</u>
Name and Title:	<u>Donald Martin - VP</u>	Name and Title:	
Address	<u>216 West College Ave</u> <u>#485</u> <u>Tallahassee, FL 32302</u>	Address:	

(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:

C.T. Harden

Address:

216 West College Ave #485
Tallahassee, FL 32302

DEPT. OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

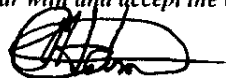
Name:

C.T. Harden

Address:

216 West College Ave #485
Tallahassee, FL 32302

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



Required Signature/Registered Agent

1/29/2014
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.



Required Signature/Incorporator

1/29/2014
Date