

P1400052050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 JUN 12 PM 12:59

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STATE OF ARIZONA

COVER LETTER

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

SUBJECT: PT3 CAPITAL CORP.
(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: PAUL TRUPIA Sr.
Name (Printed or typed)

165 Bent Tree Drive
Address

Palm Beach Gardens, Florida 33418
City, State & Zip

914-589-2293
Daytime Telephone number

PAULTRUPIA@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: PT3 CAPITAL CORP.

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 JUN 12 PM 12:59

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different

165 Bent Tree Drive
Palm Beach Gardens, Florida
33418

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be the parent company
for retail and wholesale business ventures.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAUL TRUPIA III - President Name and Title: _____

Address: 165 Bent Tree Drive Address: _____
Palm Beach Gardens, Florida
33418

Name and Title: PAUL TRUPIA SR. - Vice President Name and Title: _____

Address: 165 Bent Tree Drive Address: _____
Palm Beach Gardens, Florida
33418

Name and Title: CHRISTINE TRUPIA - Secretary/Treasurer Name and Title: _____

Address: 165 Bent Tree Drive Address: _____
Palm Beach Gardens, Fla.
33418

(conti.)

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: PAUL TRUPIA SR.

Address: 165 Bent Tree Drive
Palm Beach Gardens, Florida
33418

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL TRUPIA SR.

Address: 165 Bent Tree Drive
Palm Beach Gardens, Florida
33418

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

Paul Trupia Sr.
Required Signature/Registered Agent

6/10/14
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.

Paul Trupia Sr.
Required Signature/Incorporator

6/10/14
Date