

P 14000059203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

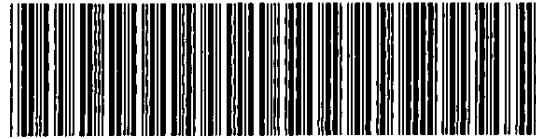
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

2544



900261467219

RECEIVED  
DEPARTMENT OF STATE  
14 JUL -9 AM 10:41

FILED  
14 JUL -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7/14/13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 208255 4731395

AUTHORIZATION

COST LIMIT : \$ 70.00

ORDER DATE : July 8, 2014

ORDER TIME : 8:43 AM

ORDER NO. : 208255-005

CUSTOMER NO: 4731395

DOMESTIC FILING

NAME: CAPITAL BUILDERS INC

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP  
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62925

EXAMINER'S INITIALS: \_\_\_\_\_

FILED  
14 JUL -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
14 JUL -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 10, 2014

CSC NETWORKS  
ATTN: COURTNEY WILLIAMS

SUBJECT: CAPITAL BUILDERS INC  
Ref. Number: W14000042343

**RESUBMIT**

Please give original  
submission date as file date.

We have received your document for CAPITAL BUILDERS INC and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00014812

RECEIVED  
DEPARTMENT OF STATE  
14 JUL 11 PM 10:45

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

**ARTICLE I    NAME**

The name of the corporation shall be: Capital Building Services Inc.

14 JUL -9 AM 8:42

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

6630 Aiden Woods Circle

Naples, FL 34113

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Residential Home Building

**ARTICLE IV    SHARES**

The number of shares of stock is: 200

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

Name and Title: Anthony Sabino, President

Name and Title: \_\_\_\_\_

Address 6630 Aiden Woods Circle

Address: \_\_\_\_\_

Naples, FL 34113

Name and Title: Anthony Sabino, Director

Name and Title: \_\_\_\_\_

Address 6630 Aiden Woods Circle

Address: \_\_\_\_\_

Naples, FL 34113

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ 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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Anthony Sabino  
Address: 6630 Alden Woods Circle  
Naples, FL 34113

*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*

By: Emily Gray Asst. VP 7/9/14  
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.*

[Signature] 7/8/14  
Required Signature/Incorporator Date

FILED  
14 JUL -9 AM 8:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA