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(Business Entity Name)

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APPROVED
AND
FILED

14 NOV 10 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: **CAPOZZI GLOBAL 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 ☒ \$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: **PAUL JASINSKI**

Name (Printed or typed)

5960 NW 99 AVE UNIT 2

Address

DORAL FL 33178

City, State & Zip

305-984-8277

Daytime Telephone number

pj@usaoll.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

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AND
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ARTICLES OF INCORPORATION

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

14 NOV 10 PM 1:56

ARTICLE I NAME

The name of the corporation shall be: CAPOZZI GLOBAL CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different is: IDA

5960 NW 99 AVE UNIT 5

DORAL FL 33178

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SERVICES TO COMPLETE PRESENTATIONS,
ADVERTISING AND OTHER SERVICES FOR PROFIT.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: RAFAEL CAPOZZI, P,D

Name and Title: _____

Address 5960 NW 99 AVE STE 5
DORAL FL 33178

Address: _____

Name and Title: MARIO CAPUTO, D

Name and Title: _____

Address 5960 NW 99 AVE STE 5
DORAL, FL 33178

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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AND
FILED

(cont.)

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Name and Title: _____	Name and Title: _____
Address _____	Address: SECRETARY OF STATE
_____	TALLAHASSEE, FLORIDA
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: PAUL JASINSKI
Address: 5960 NW 99 AVE STE 2
DORAL FL 33178

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAUL JASINSKI
Address: 5960 NW 99 AVE STE 2
DORAL FL 33178

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 Jasinski
Required Signature/Registered Agent

11-6-2014
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.

Paul Jasinski
Required Signature/Incorporator

11-6-2014
Date