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## **COVER LETTER**

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

SUBJECT: Co	PROPOSED CORPORA	epopated	
<del></del>	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and	d a check for:
\$70.00	\$78.75	D 679.75	D 607.50
·	•	□ \$78.75	□ \$87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee	Filing Fee,
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
			Status
		ADDITIONAL CO	
		•17 .	•
FROM: (	and Martana	Call	
TROM.	Cody Mortana Name	e (Printed or typed)	
_6	260 SE 81st Place	ع.	
		Address	
	<b></b> .		
_(	<u>Scala, Florida</u> ,	34480	
	City,	State & Zip	
	and and		
_ <u>_</u>	352-875-0213 Davime T	elephone number	<del></del>
	Dayanie 1	orobitotio trattitoot	
C	Anny OSGRIO GI	mail./am.	
<del></del>	E-mail address: (to be use	mail. One de 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)

The name of the corpo	pration shall be: Capp BRDS	. Incorporate		
ARTICLE II PI	RINCIPAL OFFICE Principal street address	Mailing address, if different is:		
260 SE SHEI Place		Post Of	Post Office Boy	
Deala, Fl	lopida 34480		· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PU The purpose for which Cousiness.	h the corporation is organized is: To co		pe Curbing	
			•	
The number of shares	HARES of stock is: \CC IITIAL OFFICERS AND/OR DIRECTO	DRS	14 NOV 20 F	
Name and Ti	itle: Lody Cape	Name and Title:	Tips Tips Tips Tips Tips Tips Tips Tips	
Address	260 SE 815 Place	Address:	. E.D	
	Ocala, Florida 34 President			
Name and Tit	le: Colby Carr	Name and Title:		
Address	Salolo SE 123 Rootlo	Address:		
	BELLEVIEW, Forida	34430		
	Vice President			
Name and Tit	le: Randy Wookman	Name and Title:		
Address	13729 N. Masadia A			
	Citea, Florida 32	<i>L</i>		
	Sepetary			

Name a	nd Titl	Name and Title:
Addres	is	Address:
ARTICLE VI	REGISTERED AGENT	
The <u>name and l</u>	Florida street address (P.O. Box NOT accept	able) of the registered agent is:
Name:	Cody Montana Car	<u>e</u>
Address:	260 SE 81ST Place	<del></del>
	Deala, Florida 340	180 F
ARTICLE VII	INCORPORATOR	20V 20
The <u>name and s</u>	ddress of the Incorporator is:	
Name:	Cody Montana Ca	<u> </u>
Address:	240 SE SISI Place	 
	Ocala, Florida 34	780
Having been na this certificate, I	med as registered agent to accept service of particle and accept the appointment	process for the above stated corporation at the place designated in t as registered agent and agree to act in this capacity
12-1	manton lide	11 11 7011
	Required Signature/Registered Age	nt Date
I submit this do locument to the	cument and affirm that the facts stated here Department of State constitutes a third degre	in are true. I am aware that the false information submitted in a efelony as provided for in s.817.155, F.S.
(My	Montana Required Signature/Incorporator	11-12-2014 Date