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COVER LETTER

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

_{subject:} Cap	ot. Fix it, inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLI</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l 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 CO	PY REQUIRED
		(Printed or typed)	
90	00 Big Tree Rd.		
S	outh Daytona, Fl	32119	
	-	State & Zip	
38	36-788-9667		
	Daytime T	elephone number	
Sr	nook.angler@yahoo		
	E-mail address: (to be use	d for future annual report i	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 1 NAME
The name of the corporation shall be: Capt. Fix It, Inc. ARTICLE II PRINCIPAL OFFICE Principal street address Mailing address, if different is: 4520 South Peninsula Dr. Ponce Inlet, Fl. 32127 The purpose for which the corporation is organized is: ______1. To conduct all activities legal in the State of Florida. 2. To operate a general repair and maintenance business including general cleaning, minor non structural repair or remodeling, painting and other such activities. ARTICLE IV SHARES
The number of shares of stock is: ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Christopher Shaw, PTS Name and Title: 4520 South Peninsula Dr. Address: Address Ponce Inlet, Fl. 32127 _____Name and Title:_____ Name and Title:___ Address Address: Name and Title: Name and Title: Address _____ Address:

Name an	d Title:	Name and Title:	
Address		Address:	
		15 × × × × × × × × × × × × × × × × × × ×	
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	f the registered agent is:	
Name:	Christopher Shaw	2007	
Address:	4520 South Peninsula Dr.	PH 2:	
	Ponce Inlet, Fl. 32127	ORIO,	
ARTICLE VII	INCORPORATOR	-	
The name and ad	Idress of the Incorporator is:		
Name:	Christopher Shaw	_	
Address:	4520 South Peninsula Dr.	_	
	Ponce Inlet, Fl. 32127	_	
	ned as registered agent to accept service of process am familiar with and accept the appointment as reg	s for the above stated corporation at the place designated i gistered agent and agree to act in this capacity	n
	as Straw	January 8, 2015	
-	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are t Department of State copstitutes a third degree felony	true. I am aware that the false information submitted in a sy as provided for in s.817.155, F.S.	a
(///	y Sh	— January 8, 2015	
·	Required Signature/Incorporator	Date	