

P 15000057800

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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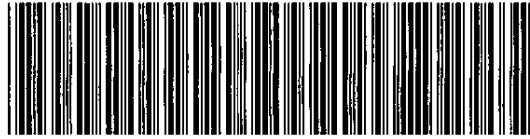
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL -6 PM 2:02
CORP. SEC. DIV.
ALABAMA

7/13/15

COVER LETTER

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

SUBJECT: Capital General Contractors Inc.
(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: Edwin Alex Guzman
Name (Printed or typed)

105 Harbour Pointe Way
Address

Greenacres FL 33413
City, State & Zip

571-594-7604
Daytime Telephone number

edwinalexguzman@gmail.com
E-mail address: (to be used for future annual report notification)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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: Capital General Contractors Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

105 harbour pointe way

Greenacres FL 33413

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction Company

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edwin A Guzman / owner Name and Title: _____

Address 105 harbour pointe Address: _____

way Greenacres FL _____

33413 _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Edwin A Guzman
Address: 105 harbour Pointe way
Greenacres FL 33413

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Edwin A Guzman
Address: 105 harbour pointe way
Greenacres FL 33413

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


Required Signature/Registered Agent

6/27/2015
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.


Required Signature/Incorporator

6/27/2015
Date

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CORPORATE
CLERK
TALLAHASSEE, FLORIDA