

P15000058742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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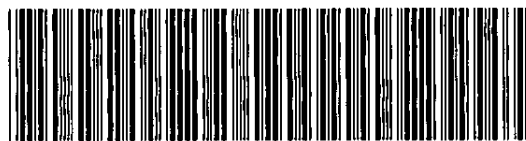
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/15/15--01018--025 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Capital Rediator 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Hubert Faircloth Jr.
Name (Printed or typed)

1711 S. Monroe St
Address

Tallahassee, FL 32301
City, State & Zip

850-491-8212
Daytime Telephone number

fairclothbuck1@gmail.com
E-mail address: (to be used for future annual report notification)

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

I, HUBERT FAIRCLOTH, JR WILL NOT REINSTATE CAPITAL
RADIATOR INC DOCUMENT NUMBER P11000056884 AND I
RELEASE THE NAME FOR USE.



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 Radiator INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
1711 S. Monroe St
Tallahassee, FL
32301

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Sell and repair radiators

ARTICLE IV SHARES

The number of shares of stock is: One

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hubert Feivelot Jr (P)

Address: 1711 S. Monroe St

Tallahassee, FL 32301

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: Hubert Feiveloth Jr
Address: 1715 Monroe St
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Hubert Feiveloth Jr
Address: 1715 Monroe St
Tallahassee FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Hubert Feiveloth Jr

Required Signature/Registered Agent

7-15-2015

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.

Hubert Feiveloth Jr

Required Signature/Incorporator

7-15-2015

Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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