

P15000077817

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

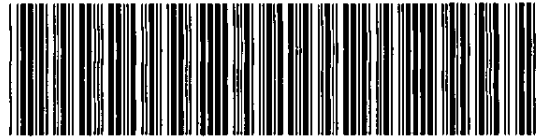
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/23/15--01001--003 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 SEP 22 PM 3:25

APPROVED
AND
FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 SEP 22 PM 3:18

RECEIVED

COVER LETTER

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

SUBJECT: CAPITAL CITY SIDING 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: JOHN DURNIL
Name (Printed or typed)

2580 WILD FLOWER
Address

TALL, FL 32305
City, State & Zip

(750) 574-4418
Daytime Telephone number

E-mail address: (to be used 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)

ARTICLE I NAME

The name of the corporation shall be: CAPITAL CITY SIDING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2580 WILD FLOWER
FL 32305
TALLAHASSEE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Installing vinyl and siding,
and any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

(PRES) Name and Title:	<u>JOHN DURNIL</u>	Name and Title:	_____
Address	<u>2580 WILD FLOWER</u> <u>FL 32305</u> <u>TALLAHASSEE</u>	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

15 SEP 22 PM 3:25
FILED
TALLAHASSEE
FLORIDA

APPROVED AND FILED (cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

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SECRET
TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: JOHN DURNIL
Address: 2580 WILDFLOWER
FL
TALLAHASSEE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN DURNIL
Address: 2580 WILDFLOWER
FL 32305
TALLAHASSEE

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

John H Durnil Required Signature/Registered Agent 9/22/15 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.

John H Durnil Required Signature/Incorporator 9/22/15 Date