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SECRETARY OF STATE
TALLAHASSEE FLORIDA

DEC 31 2015

S. PRATHER

COVER LETTER

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

SUBJECT: CAPUTO SERVICES 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: JOSE RODOLFO CAPUTO

Name (Printed or typed)

4993 PURITAN CIR

Address

TAMPA, FL. 33617

City, State & Zip

(813) 562 - 1717

Daytime Telephone number

CAPUTOJOSE30@GMAIL.COM

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: CAPUTO SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4993 PURITAN CIR

Mailing address, if different is:

TAMPA, FL. 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOSE RODOLFO CAPUTO

Name and Title: _____

Address 4993 PURITAN CIR

Address: _____

TAMPA, FL. 33617

PRESIDENT

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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ALL AMESSE FLORID

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: JOSE RODOLFO CAPUTO

Address: 4993 PURITAN CIR

TAMPA, FL 33617

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOSE RODOLFO CAPUTO

Address: 4993 PURITAN CIR

TAMPA, FL 33617

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TALLAHASSEE FLORIDA

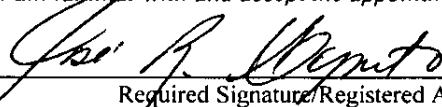
ARTICLE VIII EFFECTIVE DATE:

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.

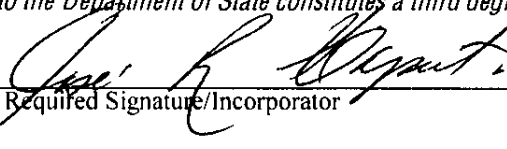
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

12/29/15
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.



Required Signature/Incorporator

12/29/15
Date