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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019

Phone

: (305)552-5973

Fax Number

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Empil	Address:	<u> </u>		

FLORIDA PROFIT/NON PROFIT CORPORATION **CAPOTE SOLUTION INC**

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T. SCOTT

Corporate Filing Menu

Help

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

in compliance with chapter 607 (Front)
ARTICLE 1 NAME: The name of the corporation is:
Capote Solution Inc
ARTICLE II PRINCIPAL OFFICE:
The principal street address and mailing address is:
27681 Sw 1624#
Homestead FL 33031
ARTICLE III SHARES: The number of shares of stock is:
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:
Raúl Capote (P.)
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:
The name and Florida street address (PO Box not acceptable) of the registered agent is:
Kaúl Capate
2 1081 SW 162C+ H
Homestead FL 33031
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:
Raú Capote
27681 SW 162 C+ H
11emacland El 33031

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Required Signatures:

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

Registered Agent 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.