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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JAN 11 PM 4:02

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AND
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11/11

COVER LETTER

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

SUBJECT: Capital Progress, 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: Thomas J. Corsetti

Name (Printed or typed)

127 Oakhill Ridge Rd.

Address

Valrico, FL. 33594

City, State & Zip

1-404-414-6322

Daytime Telephone number

sscorsetti@hotmail.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)

APPROVED
AND
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16 JAN 11 PM 4:07

ARTICLE I NAME

The name of the corporation shall be: Capital Progress, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

127 Oakhill Ridge Rd

Valrico, FL 33594

Mailing address, if different is:

1046 Middlesex Dr

New Port Richey, FL 34655

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A Professional Corporation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas J. Corsetti, P, S, T, D

Name and Title: _____

Address 127 Oakhill Ridge Rd

Address: _____

Valrico, FL 34655

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

APPROVED
AND
FILED

16 JAN 11 PM 4:07

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Steve Corsetti
Address: 1046 Middlesex Dr.
New Port Richey, FL. 34655

ARTICLE VII INCORPORATOR

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

Name: Thomas J. Corsetti
Address: 127 Oakhill Ridge Rd.
Valrico, FL 33594

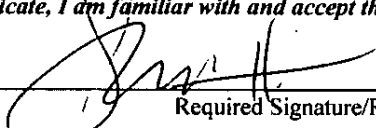
ARTICLE VIII EFFECTIVE DATE:

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

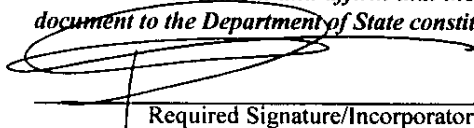


Required Signature/Registered Agent

1/02/2016

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

1/02/2016

Date