

P16000030053

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FILING OFFICE
MONTGOMERY, ALABAMA

cf 4/5/16

COVER LETTER

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

SUBJECT: CAPORAL MANAGEMENT INCORPORATED
(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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: CAPORAL MANAGEMENT INCORPORATED
Name (Printed or typed)
2360 CLARK CAMERON DR
Address
DUNEDIN, FL 34698
City, State & Zip
727-424-3547
Daytime Telephone number
raymurt@gmail.com
E-mail address: (to be used for future annual report notification)

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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2016

CAPORAL MANAGEMENT LTD INCORPORATED
2360 CLARK CAMERON DRIVE
DUNEDIN, FL 34698

SUBJECT: CAPORAL MANAGEMENT LTD INCORPORATED
Ref. Number: W16000018873

We have received your document for CAPORAL MANAGEMENT LTD INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The use of the abbreviation "Ltd." does not clearly indicate that this is a corporation instead of a partnership. Therefore, please remove the abbreviation "Ltd." from the corporate name."

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 416A00005206

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be: CAPORAL MANAGEMENT INCORPORATED

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ARTICLE II PRINCIPAL OFFICE

Principal street address

SECRETARY OF STATE
Mailing address, if different is: 100A

2360 CLARK CAMERON DR

SAME

DUNEDIN, FL 34698

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DWIGHT STOCKER

Name and Title: _____

Address 29 COTTONTAIL ROAD

Address: _____

COS COB, CT 06807-1103

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: RAYMOND MURTAUGH

Address: 2360 CLARK CAMERON DR

DUNEDIN, FL 34698

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: RAYMOND MURTAUGH

Address: 2360 CLARK CAMERON DR

DUNEDIN, FL 34698

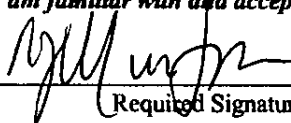
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 02/28/2016 (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

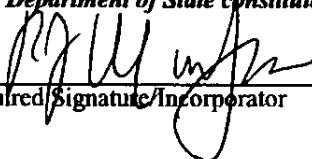


Required Signature/Registered Agent

02/28/2016

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

02/28/2016

Date