

PF 1000042158

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CAPRICHIO CHARTERS, INC.**

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

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5/10/2017

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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: CAPRICHIO CHARTERS, INC.

| | |
|------------------------------------|-----------------------------------|
| ARTICLE II PRINCIPAL OFFICE | |
| Principal <u>street</u> address | Mailing address, if different is: |
| <u>4851 SW 111TH TERRACE</u> | <u>4851 SW 111TH TERRACE</u> |
| <u>DAVIE, FL 33328</u> | <u>DAVIE, FL 33328</u> |

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS IN THE STATE OF FLORIDA

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | | | |
|-----------------|-------------------------------------|-----------------|-------|
| Name and Title: | <u>ROBERTO FERNANDEZ BLAY, PRES</u> | Name and Title: | _____ |
| Address | <u>4851 SW 111TH TERRACE</u> | Address: | _____ |
| | <u>DAVIE, FL 33328</u> | | _____ |
| | _____ | | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |
| Name and Title: | _____ | Name and Title: | _____ |
| Address | _____ | Address: | _____ |
| | _____ | | _____ |
| | _____ | | _____ |

FILED
17 MAY 10 PM 2:38
DAVIE, FL 33328

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: ROBERTO FERNANDEZ BLAY
 Address: 4851 SW 111TH TERRACE
DAVIE, FL 33328

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO FERNANDEZ BLAY
 Address: 4851 SW 111TH TERRACE
DAVIE, FL 33328

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 TALLAHASSEE, FL 32301

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 days prior or 90 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
 5/08/17
 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
 5/08/17
 Date

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