

JUN/19/2017/MON

6/19/2017

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
CAPITAL FIRE INC

Certificate of Status	0
Certified Copy	1
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JUN 20 2017

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: CAPITAL FIRE INC

ARTICLE II PRINCIPAL OFFICEPrincipal street address

11900 SW 168 STREET

MIAMI, FL 33177

Mailing address, if different is:

SAME

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: SHARES 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OTNIEL HERNANDEZ (P/S/D)

Name and Title:

Address

11900 SW 168 STREET

Address:

MIAMI, FL 33177

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

17 JUN 19 AM 7:19

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: OTNIEL HERNANDEZ
Address: 11900 SW 168 STREET
MIAMI, FL 33177

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: OTNIEL HERNANDEZ
Address: 11900 SW 168 STREET
MIAMI, FL 33177

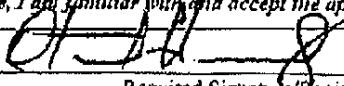
ARTICLE VIII EFFECTIVE DATE:

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

06-14-17

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

06-14-17

Date