PITOCUUTS386

(Requestor's Name)
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_
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COVER LETTER

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

SUBJECT:	apital Ro	diator, I	nc
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	I a check for:
\$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	DPY REQUIRED
FROM:	Hubert Faire	cloth ne (Printed or typed)	
	1711 S. Mar		
	Tallahassee	71 32 y, State & Zip	301
_	850-224- Daytime	O 239 Telephone number	
	E-mail address: (to be us	sed for future annual repor	t notification)

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

I Hubert Faircloth from Capital Radicator Inc. Will not be Using Document # P16000092407

Mubert Fair

9-28-2017

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

<u> PRIN PRIN</u>	CIPAL OFFICE Principal <u>street</u> address	Mailing addre	ss, if different is:
711 S. N	Monroe Street	1711 S.M	ONROE Stree
_	2,71. 32301	TAllahass	ec,71.3230
TICLE III PURI	<u>POSE</u>		
purpose for which	the corporation is organized is:		
			<u>, </u>
			· · · · · · · · · · · · · · · · · · ·
			
number of shares	of stock is:		
TICLE V INT	of stock is: THE OFFICERS AND/OR DIRECTORS Title: Hubert Fair Cloth		
e number of shares	of stock is: THE CONTROLL OFFICERS AND OR DIRECTORS Title: Hubert Fair Cloth Dwner 3 Operator		
TICLE V INT	MALOFFICERS AND/OR DIRECTORS Fille: Hubert Fair Cloth Downer 3 Operator 1711 S. Monroest	Address:	
TICLE V INT	of stock is: THE CONTROLL OFFICERS AND OR DIRECTORS Title: Hubert Fair Cloth Dwner 3 Operator	Address:	
TICLE V INT Name and T Address	MALOFFICERS AND/OR DIRECTORS Fille: Hubert Fair Cloth Downer 3 Operator 1711 S. Monroest	Address:	· · · · · · · · · · · · · · · · · · ·
e number of shares ETICLE V INF Name and T Address	MAL OFFICERS AND/OR DIRECTORS FIAL OFFICERS AND/OR DIRECTORS Thile: Hubert Fair Cloth Diwner & Operator [7] S. Monroest Thilahassee, H 3230	Address:	· · · · · · · · · · · · · · · · · · ·
Name and T Address Name and T	of stock is: THILL OFFICERS AND/OR DIRECTORS itle: Hubert Fair Cloth Downer & Operator [711 S. Monroest THILL CHARGE F. H. 3230 itle:	Address:	- CC
e number of shares ETICLE V INF Name and T Address Name and T	MAL OFFICERS AND/OR DIRECTORS FILL OFFICERS AND/OR DIRECTORS THIS Monroest THIS Monroest THIS AND/OR DIRECTORS AND/OR DIRECTORS THIS AND/OR DIRECTORS TO AND/OR DIRECTORS THIS AND/OR DIRECTORS THIS AND/OR DIRECTORS TO AND/OR DIRECTORS THIS AND/OR DIRECTORS THIS AND/OR DIRECTORS TO AND/OR DIRECTORS THIS AND/	Address:	2
e number of shares ETICLE V INF Name and T Address Name and T Address	MAL OFFICERS AND/OR DIRECTORS FILL OFFICERS AND/OR DIRECTORS THIS MONEY & Operator THIS Monroest THIS Asser, 74 3230 itte:	Address:	

Name and Title:	Name and Title:
Address	Address:
	
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT ac	cceptable) of the registered agent is:
Name: Faircloth, Hubert	
1 2 100 5 - 5 6	
Address: ITII 3: VNONYOE	2000
TAILAhessee 71	5234
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	•
7 41 4.1	act
•	
Address: 1711 S. Monre	
TAIL HURSCE 71	3230/
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an affective date is listed, the date must be specific.)	(OPTIONAL)
(If an effective date is listed, the date must be specififling.)	ic and cannot be more than five days prior or 90 days after the
	he applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of Sta	
<i>H</i> : 1	in a finance for the characterist corneration at the place designated in
this certificate, I am familiar with and accept the appoint	ice of process for the above stated corporation at the place designated in interest interest interest agent and agree to act in this capacity
the that	9-28-2017
Required Signature/Register	ed Agent Date
I submit this document and affirm that the facts state	ed herein are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third	.
Taubar Taus	9-26-2017
Required Signature/Incorporator	Date