

P17000085441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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10/24/17--01017--002 *\$78.75

17 OCT 24 AM 9:28

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10/24/17

COVER LETTER

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

SUBJECT: CAPO AUTOMOTIVE GROUP 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: MICHAEL HILL
Name (Printed or typed)
5662 COUNTRY SQUIRE DR
Address
MILTON, FL 32570
City, State & Zip
8505252363
Daytime Telephone number
ROMANA525@ICLOUD.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)

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2017 OCT 24 14 09:39

ARTICLE I NAME
The name of the corporation shall be: CAPO AUTOMOTIVE GROUP INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

5662 COUNTRY SQUIRE DR

MILTON, FL 32570

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: AUTOMOTIVE SALES AND SERVICE.

ARTICLE IV SHARES
The number of shares of stock is: 1,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHAEL HILL (CEO)

Name and Title: MICHAEL CAMPBELL (COO)

Address 5662 COUNTRY SQUIRE DR

Address: 5662 COUNTRY SQUIRE DR

MILTON, FL 32570

MILTON, FL 32570

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: MICHAEL HILL

Address: 5662 COUNTRY SQUIRE DR

MILTON, FL 32570

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MICHAEL HILL

Address: 5662 COUNTRY SQUIRE DR

MILTON, FL 32570

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/23/2017 (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

10/23/2017

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

10/23/2017

Date

2017 OCT 24 PM 9:33

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