

PI8000028356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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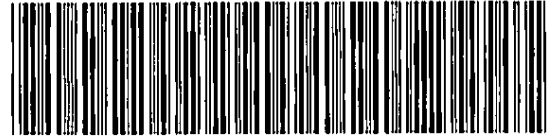
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 MAR 27 PM 3:49

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2018 MAR 27 PM 3:56
DEPARTMENT OF STATE
ALLAHABAD, INDIA

MAR 27 2018

Kirsey

COVER LETTER

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

SUBJECT: Capital Project Solutions of Tallahassee 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: Tara B. Hudson
Name (Printed or typed)
931 Volusia Street
Address
Tallahassee, FL 32304
City, State & Zip
(850)559-9517
Daytime Telephone number
epsgogreen@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Capital Project Solutions of Tallahassee INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

931 Volusia Street, Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tara B. Hudson, CEO

Name and Title: _____

Address 931 Volusia Street

Address: _____

Tallahassee, FL 32304

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Devin Ivy
Address: 931 Volusia Street
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

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

Name: Tara B. Hudson
Address: 931 Volusia Street
Tallahassee, FL 32304

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

3/27/18

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

3/27/18

Date