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| (R€ | equestor's Name) | | | | |
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| (Ad | ldress) | | | | |
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| (Cit | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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RECEIVED FILL SEP 10 FILL 3:

And will file a new filing with the same name.

COM SEP 10 Par St 12

COVER LETTER

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

| SUBJECT: | APITAL CITY (PROPOSED CORPORA | 5/D/NG-4 | -/)C' |
|----------------------|--|-------------------------------------|---|
| Sobace i | (PROPOSED CORPORA | TE NAME – MUST INCL | UDE SUFFIX) |
| Enclosed are/an orig | inal and one (1) copy of the art | icles of incorporation and | d 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 |
| | | ADDITIONAL CO | Status DPY REQUIRED |
| FROM: | JOHN H DUR | e (Printed or typed) | |
| <u></u> | 2580 W/LDF4 | Address | |
| _ | TALL FL 32 City | 305 , State & Zip | |
| / | 9(1x) 7-74 | -445 | |

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

E-mail address: (to be used for future annual report notification)

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

| | Principal street address | | Muiling address, | Muiling address, if different is: | |
|---|---|---|--------------------|-----------------------------------|--|
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| ourpose for which th | e corporation is organized is: | Installing VS | (UZ) 409 | Siding | |
| nd ensign | d an Lawfu b | 0.1:22!Vi⊊2 | | | |
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| umber of shares of s ICLE V INIT. Name and Title: | tock is: 100 IAL OFFICERS AND/OR 2040 DUL | VIL Name and Titi | te: | | |
| Name and Title: | tock is: 100 LAL OFFICERS AND/OR 2040 DUR 2550 IVILD | Name and Tit | te: | | |
| ICLE V INIT. Name and Title: Address | tock is: 100 LAL OFFICERS AND/OR 2040 DUR 2550 IVILD | Name and Tit | fe: | | |
| CLE V INIT. Name and Title: Address | tock is: 100 IAL OFFICERS AND/OR 2040 DUL | VIL Name and Titl F10WPAddress: 132305 | fe: | | |
| Name and Title: | TALLAHASSI | Name and Title FLOW Paddress: 32305 | | | |
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| Address | Address: | | |
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| ARTICLE VI REGISTERED AGENT | | . • | |
| The name and Florida street address (P.O. Box | NOT acceptable) of the registered ago | nt is: | |
| Name: JCHN DURN! | <u>L</u> | | 2018 |
| Address: 2580 4/112 | FLOWER | | SEP T |
| , FL | | - | 755 TO TE |
| TALLAHAGG GE | | | <u></u> 프 |
| ARTICLE VII INCORPORATOR | | | |
| The name and address of the Incorporator is: | | | |
| Name: JOHN DUR | NIL | | . 61 |
| Address: 2580 W | 11LDFLOWER | | |
| TALL NOLAGE | 32303 | | |
| TALL NOLAGE | (EE | • | |
| Having been named as registered agent to acception this certificate, I am familiar with and accept the | t service of process for the above sta | | |
| for UD wu | J. | ġ | 110/2018 |
| Required Signatur Re | gistered Agent | | Dute |
| I submit this document and affirm that the facts document to the Department of State Constitutes to | s stated herein are true. I am aware a titrablearce felony as provided for i | that the false inform | ation submitted in a |
| W H Dun | 1 | 9, | 110/2018 |
| Reduced Signature A | ncorpotator | | 100 - 1 l |

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