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(Business Entity Name)

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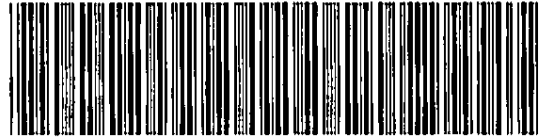
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09/18/18--01002--002 \*\*70.00

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2018 SEP 19 AM 9:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Department of State

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

(850) 245-6052

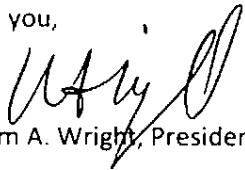
RE: Canceling a Corporation

Dear State of Florida:

This letter is to inform you in writing that I, William Andrew Wright, President of Banyan Capital Corporation, ID# P98000018281, am not going to reinstate my corporation.

Enclosed is my completed Articles of Incorporation form for a new corporation along with a postal money order for \$70.00.

Thank you,



William A. Wright, President

Banyan Capital Corporation

P.O. Box 141893

Coral Gables, FL 33114

786-678-8152

Certified- ~~7018~~ 1830 0001 62801772

## COVER LETTER

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

SUBJECT: BANYAN CAPITAL CORPORATION  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

FROM: WILLIAM ANDREW WRIGHT  
Name (Printed or typed)

P.O. Box 141893  
Address

COAL. EABLES, FL 33114  
City, State & Zip

786-678-8152  
Daytime Telephone number

WRIGHTWRIGHT@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: BANYAN CAPITAL CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address  
3778 PINE AVE  
COCONUT GROVE, FL 33133

Mailing address, if different is:  
P.O. BOX 141893  
CORAL GABLES, FL 33114

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: WILLIAM A. WRIGHT - PRES Name and Title: \_\_\_\_\_

Address P.O. Box 141893 Address: \_\_\_\_\_

CORAL GABLES, FL 33114

Name and Title: WILLIAM A. WRIGHT - SEC. Name and Title: \_\_\_\_\_

Address "Group" Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2011 SEP 18 AM 9:37  
SECRETARY 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: WILLIAM A. WRIGHT  
Address: 3778 PINE AVE  
COCONUT GROVE, FL 33193

**ARTICLE VII INCORPORATOR**

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

Name: WILLIAM A. WRIGHT  
Address: 3778 PINE AVE  
COCONUT GROVE, FL 33193

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: SEPT. 12, 2018 (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  
\_\_\_\_\_  
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  
\_\_\_\_\_  
Date