

P18000084285

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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## COVER LETTER

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

SUBJECT: CAPITAL RESTORATION FLOORING 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: JEFFREY JOHNSON  
Name (Printed or typed)

29 SCOTCH PINE CT.  
Address

CRAWFORDVILLE, FL 32327  
City, State & Zip

850-590-6276  
Daytime Telephone number

RADIOB192@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

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 RESTORATION FLOORING INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

29 SCOTCH PINE CT.  
CRANFORDVILLE, FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL  
BUSINESS

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CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 20

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JEFFREY JOHNSON, PRESIDENT

Address: 29 SCOTCH PINE CT.  
32327

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: JEFFREY JOHNSON  
Address: 29 SCOTCH PINE CT  
CRAWFORDVILLE, FL 32327

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: JEFFREY JOHNSON  
Address: 29 SCOTCH PINE CT  
CRAWFORDVILLE, FL 32327

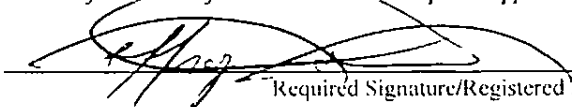
**ARTICLE VIII EFFECTIVE DATE:**

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.)

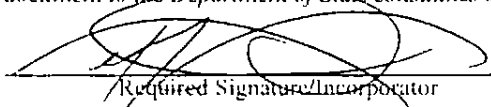
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

10-16-2018  
\_\_\_\_\_  
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