

P19000023516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

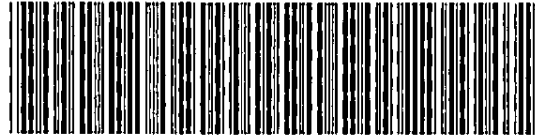
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

B 3/21/19



200325840602

03/12/19--01027--001 \*\*70.00

2019 MAR 12 AM 10:02  
FILED/STANDARD

## COVER LETTER

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

SUBJECT: Cape Management of SW FL, 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      ☐ \$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: Cape Management of SW FL, Inc.

Name (Printed or typed)

4604 SE 20th Place

Address

Cape Coral, FL 33904

City, State & Zip

239-549-7775

Daytime Telephone number

uelitwagner1@aol.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: Cape Management of SW FL, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4604 SE 20th Place

Cape Coral, FL 33904

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all Lawful Business.

### ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ 1.00 par value per share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Hairinisa Wagner, President

Name and Title:

Address: 4604 SE 20th Place

Address:

Cape Coral, FL 33904

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

2018 MAR 12 AM 10:02  
TELETYPE UNIT

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: Ronald St. Clair, CPA

Address: 615 Cape Coral Pkwy W., Suite 106

Cape Coral, FL 33914

**ARTICLE VII INCORPORATOR**

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

Name: Hairinisa Wagner

Address: 4604 SE 20th Place

Cape Coral, FL 33904

**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*

Ronald St. Clair, CPA

Required Signature/Registered Agent

3/8/19

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.*

Hairinisa Wagner

Required Signature/Incorporator

3/8/19

Date