

P19000032483

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

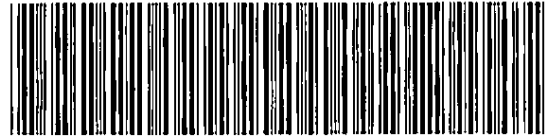
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/18/19--01008--001 **78.75

19 APR 18 AM 9:36

2019 APR 18 PM 12:41
C. Kinsey

APR 17 2019
C Kinsey

COVER LETTER

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

SUBJECT: Capeland Clothing, Shoes & Accessories LLC
(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: Dwayne Capeland
Name (Printed or typed)

8469 Lake Atkinson Dr.
Address

Tallahassee Fla 32310
City, State & Zip

850 666 3493
Daytime Telephone number

Penny Capeland 79@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: Copeland Clothing ~~Shoes~~ & Accessories Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
8469 Lake Atkinson Dr.
Tallahassee FL 32310

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to sale clothing, shoes and
~~household~~ household accessories.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dwayne Copeland Name and Title: _____

Address: 8469 Lake Atkinson Dr. Address: _____

Tallahassee FL 32310

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

2018 APR 18 PM 12:41
TALLAHASSEE, FL
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF
TALLAHASSEE

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: Dwayne Copeland

Address: 8469 Lake Atkinson Dr.
Tallahassee, FL 32310

2019 APR 18 PM 12:41
STATE OF FLORIDA
DEPARTMENT OF STATE

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dwayne Copeland

Address: 8469 Lake Atkinson Dr.
Tallahassee, FL 32310

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

Dwayne Copeland
Required Signature/Registered Agent

4/18/19
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.

Dwayne Copeland
Required Signature/Incorporator

4/18/19
Date