P190000 48627

(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	ry/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nar	me)			
(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only

J DENNIS

JUN 18 2019



300329274333

05/13/19 --01008: -013





FLORIDA DEPARTMENT OF STATE Division of Corporations

May 22, 2019

FARE CAPE 104 INC. 16970 SAN CARLOS BLVD, UNIT 226 FORT MYERS, FL 33908 US

SUBJECT: CAPE MANAGEMENT OF SW FL, INC.

Ref. Number: W19000049812

We have received your document for CAPE MANAGEMENT OF SW FL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation.

One or more major words may be added to make the name distinguishable.

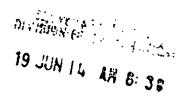
CONFLICTING DOCUMENT NUMBER: P19000023516

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jalesa S Dennis Regulatory Specialist II

Letter Number: 219A00010349



Department of State
Division of Corporations

Clifton Building 2661 Executive Center Drive Tallahassee, FL 32301

Reference: FARE CAPE 104 INC

Florida Document Number: P12000041241

Dear Department:

It has come to our attention that our corporation FARE CAPE 104 INC was dissolved administratively.

At this time I would like to release our document number P12000041241 as the authorized president of this corporation.

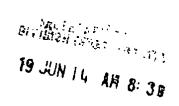
I am also submitting at this time articles that I am asking you to file on my behalf.

Thanking you for your assistance in getting these matters in order.

Patricia Ellison, President

Sincerely,

COVER LETTER



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

SUBJECT: Fare Cap	pe 104 Inc.		
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	ticles of incorporation and	d a check for:
■ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	OPY REQUIRED
FROM:	re Cape 104 Inc. Nam	e (Printed or typed)	
169	70 San Carlos Blvd, Unit 226		
-	<u> </u>	Address	
For	Myers, FL 33908		
 _	City	. State & Zip	
239	9-728-4100		
	Daytime	Telephone number	
ron	st@infionline.net		
	E-mail address: (to be use	ed for future annual report	notification)

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

	ARTICLES OF IN	CORPORATION	ALVER AND
CLE I NAME	In compliance with Chapter 607 a	and/or Chapter 621, F	S. (Profit) JUN 14 49 8: 30
name of the corporat	ion shall be:		`` ₹
ICLE II PRINC O San Carlos Blvd,	TPAL OFFICE Principal street address		Mailing address, if different is:
Myers, FL 33908	Onit 220		
ICLE III PURPO	OSE Any and he corporation is organized is:	all Lawful Business.	-
ourpose for which the	he corporation is organized is:		-
		<u> </u>	
		·	
ICLE IV SHARI	ES 100 Sharay @ 100 par value pe	or chare	<u>.</u>
	stock is: L OFFICERS AND/OR DIRECTORS		
Name and Title	Stock is: LOFFICERS AND/OR DIRECTORS Patricia Ellison, President	Name and Title.	
number of shares of	Stock is: LOFFICERS AND/OR DIRECTORS Patricia Ellison, President	Name and Title: Address:	
Name and Title Address	Stock is: L. OFFICERS AND/OR DIRECTORS Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 For Myers, FL 33908	Name and Title: Address:	
Name and Title Address	Stock is: **IL OFFICERS AND/OR DIRECTORS** Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 Fort-Myers, FL 33908	Name and Title: Address:	
Name and Title Address	Stock is: LOFFICERS AND/OR DIRECTORS Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 For Myers, FL 33908	Name and Title: Address: Name and Title: Address: Address:	
Name and Title Name and Title	Stock is: **IL OFFICERS AND/OR DIRECTORS** Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 For Myers, FL 33908	Name and Title: Address: Name and Title: Address:	
Name and Title Name and Title Address	Stock is: **IL OFFICERS AND/OR DIRECTORS** Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 For Myers, FL 33908	Name and Title: Address: Name and Title: Address: Address:	
Name and Title Name and Title Address	Stock is: **IL OFFICERS AND/OR DIRECTORS** Patricia Ellison, President 16970 San Carlos Blvd, Unit 226 For Myers, FL 33908	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:	

Name at	nd Title:s	Name and Title:Address:	19 JUN 14 AR 8: 38
ARTICLE VI The name and I Name: Address:	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) Ronald St. Clair, CPA 615 Cape Coral Pkwy W., Suite 104	of the registered age	
ARTICLE VII	Cape Coral, FL 33914 INCORPORATOR		
The name and a	address of the Incorporator is: Patricia Ellison		
Name:	16970 San Carlos Blvd, Unit 226		
Address:	FortMyers, FL 33908	<u> </u>	
Effective date, i (If an effective filing.) Note: If the date	EFFECTIVE DATE: f other than the date of filing: date is listed, the date must be specific and can te inserted in this block does not meet the applicate effective date on the Department of State's record	not be more than fi	ve days prior or 90 days after the
Having been no this certificate.	nmed as registered agent to accept service of proc I am familiar with and accept the appointment as Required Signature/Registered Agent	registered agent and	ted corporation at the place designated in agree to act in this capacity Date
document to the	cument and affirm that the facts stated herein as Department of State constitutes a third degree few constitutes and the facts stated herein as the facts st	re true. I am aware	that the false information submitted in a in s.817.155, F.S. 5///9 Date