Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email:	Address:			
	AUULESS:			

FLORIDA PROFIT/NON PROFIT CORPORATION Capital Select, Inc.

Certificate of Status	0
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Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME The name of the corporation	on shall be: Capital Select, Inc		
ARTICLE II PRINCI 100 E Pine Street,	Principal street address	Mailing add 100 E Pine Stre	ress, if different is: et, Suite 110
Orlando, FL 3280	1	Orlando, FL 32	801
ARTICLE III PURPO. The purpose for which th	SE e corporation is organized is: Any and	all lawful business.	
ARTICLE IV SHARE The number of shares of s			
	LOFFICERS AND/OR DIRECTORS		223
	Jenny Harrison P,T,S,D	Name and Title:	
Address	100 E Pine Street, Suite 110	Address:	
	Orlando, FL US 32801		
			-
N. LTM		N. America	0 5
Name and Title:_		Name and Title:	
Address		Address:	
-			
Name and Title:		Name and Title:	
Address			
-			

Name and	Title:	Name and Title:
Address		Address:
	PEGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Registered Agents Inc.	
Address:	7901 4th St N STE 300	-
	St. Petersburg, FL 33702	_
ARTICLE VII I	NCORDOR ATOR	
	NCORPORATOR dress of the Incorporator is:	
Name:		
		-
Address:	7901 4th St N STE 300	-
	St. Petersburg, Fl 33702	- -
		<u>~</u>
ARTICLE VIII	EFFECTIVE DATE: other than the date of filing:	(ORTIONAL)
(If an effective da	ate is listed, the date must be specific and cannot	t be more than five days prior or 90 days after the
filing.)		7
Note: If the date i	inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as
	fective date on the Department of State's records.	· · · · · · · · · · · · · · · · · · ·
		ਹੀਂ ਹੋਰ
Having been name certificate, I am fa	ed as registered agent to accept service of process f miliar with and accept the appointment as register L	or the above stated corporation at the place designated in thi ed agent and agree to act in this capacity
Sec 1	Jame	3/8/2021
	Required Signature/Registered Agent	Date
I submit this duct	ument and affirm that the facts stated herein are	true. I am aware that the false information submitted in a
	epartment of State constitutes a third degree felon	
Rilus t	ank.	3/8/2021
Required Signatur	re/Incorporator	Date

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