

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**P21000038529**

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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: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION****Capital Gains Holdings Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00



**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 Gains Holdings Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
7901 4th St N STE 300

St. Petersburg, FL 33702

Mailing address, if different is:  
7901 4th St N STE 300

St. Petersburg, FL 33702

**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: 1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

2021 APR 29 AM 11:13  
CLERK OF COURT  
CLERK OF COURT

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Northwest Registered Agent LLC

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

**ARTICLE VII INCORPORATOR**

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

Name: Morgan Noble

Address: 7901 4th St N STE 300

St. Petersburg, FL 33702

**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*

Tom Glover

Required Signature/Registered Agent

4/16/2021

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.*

Morgan Noble

Required Signature/Incorporator

4/16/2021

Date