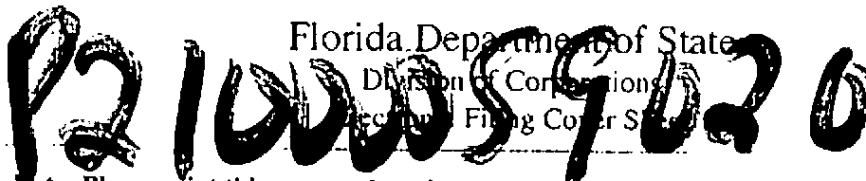


6/22/2021

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : PERMITTING SPECIALIST OF FOOD & BEVERAGE INC  
Account Number : 120190000062  
Phone : (239)850-9451  
Fax Number : (866)929-0535

\*\*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

~~CP, INC~~ CP of Cape Coral, Inc

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

JUN 24 2021

T. SCOTT

Electronic Filing Menu

Corporate Filing Menu

Help

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**COVER LETTER**

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

**SUBJECT:** CP of CAPE CORAL, 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 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:** BEN JOLLOFF  
Name (Printed or typed)  
14010 TONKEL RD  
Address  
FORT WAYNE, IN 46845  
City, State & Zip  
260-273-0092  
Daytime Telephone number  
OFFICEONECLEANING@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

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

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(H210002437823)

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

**ARTICLE I NAME**The name of the corporation shall be: CP OF CAPE CORAL, INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address  
1341 SE 47TH TERRACECAPE CORAL, FL 33904

Mailing address, if different is:

14101 TONKEL RDFORT WAYNE, IN 46845**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: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: BENJAMIN R JOLLOFF / PRES.Address: 14010 TONKEL RDFORT WAYNE, IN 46845

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

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

Name and Title: CRAIG R JOLLOFF / V PRES.Address: 440 LANE 101 JIMMERSON LAKEANGOLA, IN 46703

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

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

Name and Title: BEVERLY JOLLOFF / SEC.Address: 440 LANE 101 JIMMERSON LAKEANGOLA, IN 46703

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

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

2021 JUN 23 AM 10:15  
COUNTY OF HALE  
TALLAHASSEE, FLORIDA

FILED

(H210002437823)

(H210002437823)

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: BENJAMIN R JOLLOFF  
Address: 14101 TONKEL RD  
FORT WAYNE, IN 46845

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: BENJAMIN R JOLLOFF  
Address: 14101 TONKEL RD  
FORT WAYNE, IN 46845

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 06/17/2021 (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*

  
Required Signature/Registered Agent

6/17/21  
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.817.133, F.S.*

  
Required Signature/Incorporator

6/17/21  
Date

(H210002437823)