Division of Corporations

pg 2 of 4

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.

(((H22000058210 3)))



H220000582103ABCU

Note: DO N	NOT hit 1	the REFI	RESH/R	ELOAD	button o	on your!	browser	from th	is page.
Doing so will generate another cover sheet.									
To:									

Division of Corporations
Fax Number (850)61

Fax Number : (850)617-6381

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088

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

MICHELEG@FARBERCPA.COM
Email Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Capital North 3375 Corp.

Ω u: >	AH 11: 04	1000 1000 1000 1000 1000 1000 1000 100
•		•
	\mathbf{c}	

1
0
03
\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help



H22000058210

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

ARTICLE 1 NAM. The name of the corpor	E ation shall be:	Capital North 3375	Corp.	_
ARTICLE II PRINCIPAL OFFICE Principal street address 3375 Capital Circle NE, Bldg. B Tallahassee, FL 32308			Mailing address, if different is:	
ARTICLE III PURI The purpose for which	POSE the corporation is organized is: Any	legal or lawful purpose		22 FEB 14
	_			
				<u>>,</u>
				6.47
	· · · · · · · · · · · · · · · · · · ·			
ARTICLE V INIT	RES If stock is: 1,500 at No Par Value IAL OFFICERS AND/OR DIRECTO Ic: Ana Gonzalez - President/I	<u>PRS</u>		
Address	3375 Capital Circle NE, Bldg. 8	Address:		_
	Tallahassee, FL 32308			
Name and Title	e:	Name and Title:		
Address		Address:		<u>.</u>
Name and Titl	e:	Name and Title:		
Address		Address:		

	Pg T	Ut 1
H2200005821	10	

Name and Title:		Name and Title:		
Address		Address:		
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) o	of the registered agent is:		
Name:	Hubco Registered Agent Services, Inc.	_		
Address:	155 Office Plaza Drive, 1st FL			
	Tallahassee, FL 32301			
ARTICLE VII	<u>INCORPORATOR</u>			
The name and a	ddress of the Incorporator is:			
Name:	Ana Gonzalez			
Address:	3375 Capital Circle NE, Bldg. B	_		
	Tallahassee, FL 32308	_		
	EFFECTIVE DATE: Other than the date of filing:	(OPTIONAL)	ı	
(If an effective of filing.)	date is listed, the date must be specific and caur	ot be more than five days p	rior or 90 days after the	
Note: If the date	e inserted in this block does not meet the applicable effective date on the Department of State's records		s, this date will not be listed as	
	ned as registered agent to accept service of process familiar with and accept the appointment as registe			
l. P	dulphil		February 10, 2022	
Required Signatu	re/Registered Agent Bruce B. Hubbard		Date	
	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo			
/	maxterax		February 10, 2022	
Required Signat	are/Incorporator And Gonzalez		Date	