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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : MANAUSA SHAW & MINACCI
Account Number : I20210000086
Phone : (850)597-7616
Fax Number : (850)270-6148

22 APR 25 PM 4:30

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

Email Address: danny@manausalaw.com

RECEIVED
2022 APR 25 PM 4:30
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
AND PROFESSIONAL SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION
Capital Protection Plan, Corp.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

T. SCOTT
APR 26 2022

COVER LETTER

((H22000149263 3))

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

SUBJECT: Capital Protection Plan, Corp.

(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: Daniel E. Manausa

Name (Printed or typed)

1701 Hermitage Blvd, Suite 100

Address

Tallahassee, FL 32308

City, State & Zip

850-597-7616

Daytime Telephone number

danny@manausalaw.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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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 Protection Plan, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3800 W. Tennessee Street
Tallahassee, FL 32304

3800 W. Tennessee Street
Tallahassee, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Automotive Sales.

ARTICLE IV SHARES

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Peter Boulware - P
Address: 3800 W. Tennessee Street
Tallahassee, FL 32304

Name and Title: Peter Boulware - VP
Address: 3800 W. Tennessee Street
Tallahassee, FL 32304

Name and Title: Peter Boulware - S/T
Address: 3800 W. Tennessee Street
Tallahassee, FL 32304

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

22 APR 2022 15:13

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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: Daniel E. Manausa
 Address: 1701 Hermitage Blvd, Suite 100
 Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Peter Boulware
 Address: 3800 W. Tennessee Street
 Tallahassee, FL 32304

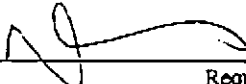
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

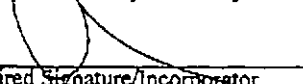
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 _____ 4/25/22
 Required Signature/Registered Agent 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.

 _____ 4/25/22
 Required Signature/Incorporator Date

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