

P220000031807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

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(Business Entity Name)

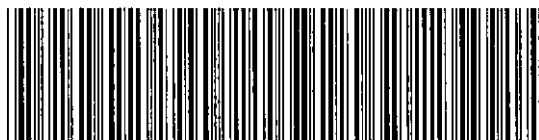
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TALLAHASSEE, FL 32399

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S. CHATHAM

APR 29 2022

COVER LETTER

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

SUBJECT: _____

Capital S Contractors Co.
(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: _____

Adrian Pozo

Name (Printed or typed)

550 East Peachtree Street #302
Address

Lakeland, FL 33801
City, State & Zip

845-645-3908
Daytime Telephone number

capitalcontractors@outlook.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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TALLAHASSEE, FL 32314

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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 S Contractors Co.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

550 E Peachtree St
Unit 302

JAME

Lakeland, Florida 33801

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: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrian Pozo : President

Name and Title: Marilyn Pozo : VP

Address 550 E Peachtree St
Unit 302
Lakeland, FL 33801

Address: 550 E Peachtree St
Unit 302
Lakeland, FL 33801

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Adrian Pozo
Address: 550 E Peachtree St #302
Lakeland, FL 33801

ARTICLE VII INCORPORATOR

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

Name: Adrian Pozo
Address: 550 E Peachtree St #302
Lakeland, FL 33801

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

A. Pozo 4-29-22
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.

A. Pozo 4-29-22
Required Signature/Incorporator Date

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