

P22000045890

Florida Department of State

Division of Corporations
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TALLAHASSEE, FLORIDA

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FLORIDA PROFIT/NON PROFIT CORPORATION CAPITAL ARCHITECTURE & DESIGNS INC

Certificate of Status	0
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CORPORATIONS
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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 Architecture & Designs INC**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address

Mailing address, if different is:

5241 Cedar Lake Road #433
Boynton Beach, FL**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: Yamilet Matos Pres.Name and Title: Efrain Arias VP.

Address

5241 Cedar Lake Rd. #433
Boynton Bch. FL 33437

Address:

5241 Cedar Lake Rd #433
Boynton Bch FL 33437

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: Yamilet Matos
 Address: 5241 Cedar Lake Rd. #433
Bayton Bch, FL 33437

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Yamilet Matos
 Address: 5241 Cedar Lake Rd. #433
Bayton Bch, FL 33437

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/06/2022 (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

Yamilet Matos
 Required Signature/Registered Agent

05/06/2022
 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.

[Signature]
 Required Signature/Incorporator

05/06/2022
 Date

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA