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(Requestor's Name)	
(Address)	
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer.	

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CAPITAL CONNECTION, INC.

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1625 SE 10TH, 1	NC	
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1400	·/	
		Art of Inc. File
		LTD Partnership File
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		L.C. File
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COVER LETTER

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

SUBJECT: 1625 S	SE 10TH, INC		
3013/1.CT	(PROPOSED CORPORA	ATE NAME - <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
		ADDITIONAL CC	T REQUIRED
			DPY REQUIRED
EDOM. S	tephen Catalano		
FROM:	Nam	e (Printed or typed)	
1	625 SE 10th Ave, #103		
		Address	
Fo	ort Lauderdale FL 33316		
_	City	. State & Zip	
30	05-504-1760 516-309-3808		
_	Daytime	Felephone number	
Inv	est369capital@gmail.com		
	E-mail address: (to be use	d for future annual report i	notification)

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

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

Principal <u>Street</u> address 325 SE 10th ave, #103		•	Mailing address, if different is: 1625 SE 10th ave, #103				
ort Lauderdale FL 33316		Fort Lauderdale FL	33316				
RTICLE III PUR e purpose for whic	POSE h the corporation is organized is: Real I	Estate, Construction.	•				
	RES of stock is: 100 TAL OFFICERS AND/OR DIRECTOR.		7.4.0.47				
		Name and Title:					
Address	1625 SE 10th Ave. #103	Address:					
	Fort Lauderdale FL 33316						
Name and Ti	le:	Name and Title:					
Address							
Name and Ti	le:	Name and Title:					

he name and Florid Name: Address: F RTICLE VII INC	GISTERED AGENT la street address (P.O. Box NOT acceptable) of stephen Catalano 625 SE 10th ave. #103 fort Lauderdale FL 33316 CORPORATOR 88 of the Incorporator is:					
he <u>name and Florid</u> Name: Address: F RTICLE VII INC. he <u>name and addresses</u>	la street address (P.O. Box NOT acceptable) of itephen Catalano 625 SE 10th ave. #103 fort Lauderdale FL 33316 CORPORATOR	the registered agu	ent is:			
the name and Florid Same: Address: F RTICLE VII INC. the name and address.	la street address (P.O. Box NOT acceptable) of itephen Catalano 625 SE 10th ave. #103 fort Lauderdale FL 33316 CORPORATOR	the registered age	ent is:			
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ddress: S ### A Company of the comp	625 SE 10th ave, #103 Fort Lauderdale FL 33316 CORPORATOR					
RTICLE VII INC	CORPORATOR	.				
RTICLE VII INC	CORPORATOR					
ne <u>name and addre</u>						
	ss of the Incorporator is:				50 TT 100	
Name:					=======================================	, 1
	Stephen Catalano				: 3 : 3	1 -23
Address:	1625 SE 10th Ave, #103				· ~]
	Fort Lauderdale FL 33316				18 to 21	·]
Tective date, if othe	FECTIVE DATE: or than the date of filing: is listed, the date must be specific and cannot	(Ol	PTIONAL)	- or 90 days	c after th	0
ing.)	is usiced. One that conditions the specific and cannot	t be more than i	ive days prior	Or 20 day.	s after th	C
	erted in this block does not meet the applicable slive date on the Department of State's records.	statutory filing re	equirements, th	iis date will	I not be li	sted as
aving been named a rtifi g e, I am fan d t	is registered affint to accept service of process for Fur with an effecept the appointment as registere	r the above stated ed agent and agre	d corporation a se to act in this	t the place of capacity	designated	I in this
//V	MA		<u>-</u>	July 26, 20	024	
	Required Signature/Registered Agent]	Date	
ubmit this docume cuffent to the Depa	ent and affign that the facts stated herein are t artment of state constitutes a third degree felony	true. I am aware as provided for i	that the false in s.817.155, F.	informatio S.	n submit	ed in a
m	1 gli			July 26 20	124	

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