

P96000034411

TRANSMITTAL LETTER

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

300001787323
-04/19/96--01054--009
*****78.75 *****78.75

SUBJECT: CAPITOL CITY BLINDS, INC
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

ROBERT KANE, SR
Name (printed or typed)

2529 VEGA DR. #347
Address

TALLAHASSEE FL 32303
City, State & Zip

904-976-9834
Daytime Telephone number

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

RECEIVED
96 APR 19 PM 1:56
DIVISION OF CORPORATIONS

RECEIVED
96 APR 19 PM 1:38
DIVISION OF CORPORATIONS

SAB
4/19/96

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
96 APR 19 PM 1:56

ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be Capitol City Blinds, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2529 Vega Dr. #347
Tallahassee, FL 32303

ARTICLE III SHARES

100. shares of stock that this corporation shall have outstanding at any time.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

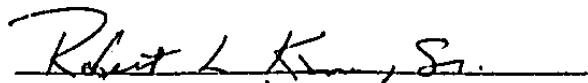
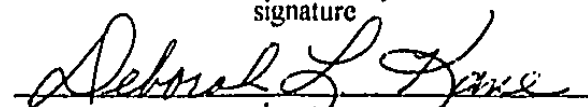
Robert L. Kane, Sr.
2529 Vega Dr. #347
Tallahassee, FL 32303

ARTICLE V INCORPORATORS

The names and addresses of the incorporators to these Articles of Incorporation are:

Robert L. Kane, Sr & Deborah L Kane
2529 Vega Dr. #347
Tallahassee, FL 32303

The undersigned incorporators have executed these Articles of Incorporation this 19th day of April, 1996


signature

signature

NOTE: Affixing an officer title after a signature does not constitute the designation of officers.

FILED
STATE
06 APR 19 PM 1:56

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

CAPITOL CITY BLINDS

(must include suffix)

2. The name and address of the registered agent and office is:

ROBERT L KANE, SR

(NAME)

2529 VEGA DR # 347

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

TALLAHASSEE, FL 32305-8327

(CITY/STATE/ZIP)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Robert L Kane, Sr.

(SIGNATURE)

19 April 96

(DATE)