

P96000048469

FILED

96 JUN -3 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TELEPHONE 1-813-224-1111  
FAX 1-813-224-1110  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

STEVE SHARP  
Requestor's Name  
4486 FALLBROOK BLVD  
(See Fraxonital Br underneath)  
PALM HAVEN FL 33465  
for return address  
City/State/Zip Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. CAPITOL SCREEN SERVICES, INC.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time \_\_\_\_\_ ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

| NEW FILINGS              |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | Profit            |
| <input type="checkbox"/> | NonProfit         |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication     |
| <input type="checkbox"/> | Other             |

| AMENDMENTS               |                                        |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment                              |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent             |
| <input type="checkbox"/> | Dissolution/Withdrawal                 |
| <input type="checkbox"/> | Merger                                 |

| OTHER FILINGS            |                  |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report    |
| <input type="checkbox"/> | Fictitious Name  |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION |                     |
|-----------------------------|---------------------|
| <input type="checkbox"/>    | Foreign             |
| <input type="checkbox"/>    | Limited Partnership |
| <input type="checkbox"/>    | Reinstatement       |
| <input type="checkbox"/>    | Trademark           |
| <input type="checkbox"/>    | Other               |

PH 6/6/96

FILED

96 JUN -3 PM 4:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Capitol Screen Services, Inc.  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for  
\$35.00.

FROM:

Steve Sharp

Name (printed or typed)

4486 Fallbrook Blvd.

Address

Palm Harbor, Florida 34685

City, State, & Zip

(813) 942-4297

Telephone Number

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

**FILED**

96 JUN -3 PM 4:16

**ARTICLES OF INCORPORATION**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**OF**

Capitol Screen Services, Inc.

*The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.*

**ARTICLE I NAME**

The name of the corporation shall be:

Capitol Screen Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1069 Victoria Drive  
Dunedin, Florida 34698

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Steve Sharp  
4486 Fallbrook Blvd.  
Palm Harbor, Florida 34685

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Steve Sharp  
4486 Fallbrook Blvd.  
Palm Harbor, Florida 34685  
278-64-8340

The undersigned Incorporator(s) has(have) executed these Articles of Incorporation this

30th day of May, 19 96

Steve Sharp

Signature

Signature

Signature

Articles of Incorporation  
Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE

FILED

96 JUN -3 PM 4:16

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the state of Florida, hereby makes the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: Capitol Screen Services, Inc.

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

Steve Sharp

(Name)

4486 Fallbrook Blvd.

(P.O. Box NOT acceptable)

Palm Harbor, Florida 34685

(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.

SIGNATURE

Steve Sharp

DATE

5-30-96

REGISTERED AGENT FILING FEE: \$35.00

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314