

OFFICE USE ONLY (Document #)

LAFARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

OFFICE USE ONLY

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

1. ~~CAPITAL INVESTMENTS CORPORATION~~  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_ 700002658997--1  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

-10/08/98--01034--040

\*\*\*\*\*78.75 \*\*\*\*\*78.75

☒ Walk in ☒ Pick up time 2:00

☒ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" 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

FILED

98 OCT -9 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

RECEIVED  
98 OCT -8 AM 11:05  
DIVISION OF CORPORATION

Examiner's Initials



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham  
Secretary of State

October 8, 1998

LAZARUS

MIAMI, FL

SUBJECT: CAPITAL INVESTMENTS CORPORATION  
Ref. Number: W98000022922

We have received your document for CAPITAL INVESTMENTS CORPORATION. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 298A00050108

RECEIVED  
98 OCT -9 PM 2:55  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

FILED  
8 OCT -9 PM 3:09  
SECRETARY OF STATE  
ALABAMA

## ARTICLES OF INCORPORATION OF

### CAPITAL PARTNERSHIP CORPORATION

The undersigned subscriber to these Articles of Incorporation, a natural person competent to contract, hereby forms a corporation under the laws of the State of Florida.

#### ARTICLE I. NAME

The name of the corporation shall be: .....

CAPITAL PARTNERSHIP CORPORATION

The principal address of this corporation shall be:

1986 NW 148 STREET  
MIAMI, FL 33180

#### ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities for business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

#### ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock have a par value of \$1.00 per share.

#### ARTICLE IV. ADDRESS

The street address of the initial registered office of the corporation shall be 1986 NW 148 STREET, MIAMI, FL 33181, and the name of the initial registered agent of the corporation at that address.

CAROLINA PONCE DE LEON

**ARTICLE V. TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE VI. SPECIAL PROVISION**

This corporation shall have officer(s) and director(s), initially. The name and street address of the initial officer(s) and director(s) who shall hold office for the first year of the corporation, of until his successor is elected or appointed are/is:

Carolina Ponce De Leon

President/Secretary

**ARTICLE VII. SUBSCRIBER**

The name and street address of the subscriber to these Articles of Incorporation is:

*Carolina Ponce De Leon  
1986 NW 148 STREET  
Miami, FL 33181*

In WITNESS WHEREOF, the undersigned has hereunto set her hand and seal on this \_\_\_ day of *October* 1998.

*Carolina Ponce De Leon* (SEAL)

State of Florida

County of Dade

The foregoing instrument was acknowledged before me this \_\_\_\_ day of *October* 1998, by

\_\_\_\_\_  
Notary Public, State of Florida at Large

My Commission Expires \_\_\_\_\_

Certificate designated place of business or domicile for the service of process within Florida, naming agent upon whom process may be served

In compliance with section 48.091, Florida Statutes, the following is submitted:

First that CAPITAL PARTNERSHIP CORPORATION  
(Name of Corporation)

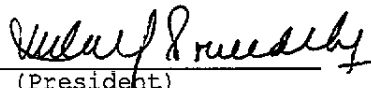
Desiring to organize or qualify under the laws of the State of Florida, with its principle place of business at city of Miami,  
(City)

State of Florida, has named Carolina Ponce De Leon,  
(State) (Name of resident agent)

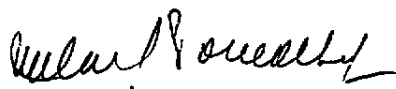
Located at 1986 NW 148 STREET,  
(Street address and number of building)  
(Post office box addresses ARE NOT acceptable)

City of Miami, State of Florida, as its agent to accept  
(City)

services of process within Florida.

SIGNATURE   
(President)  
TITLE Pres.  
DATE 10/7/98

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.

SIGNATURE   
(Resident agent)  
DATE 10/7/98

CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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:

CAPITAL PARTNERSHIP CORPORATION

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

Carolina Ponce De Leon  
(Name)

1986 NW 148 STREET  
(P.O. Box NOT ACCEPTABLE)

Miami, FL 33181  
(City/State/Zip)

FILED  
98 OCT -9 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SIGNATURE

Carolina Ponce De Leon  
(President)

TITLE

Pres.

DATE

10/7/98'

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. 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

Carolina Ponce De Leon

DATE

10/7/98'