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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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Smart Mortgages Unlimited

"A Licensed Mortgage Lender"

3455 Pine Ridge Road Suite 101, Naples, FL 34109

Memorandum

Date:

10/5/2007

To: Division of Corporations

From: Kris St. Pierre

Subject: Carter Grant General Contractor, Inc.

To Whom It May Concern:

Enclosed is a check in the amount of \$70 as the filing fee for the Articles of Incorporation in the name of Carter Grant General Contractor, Inc.

If you have any questions please contact the undersigned at 239-593-9333.

Thank you.

Sincerely,

Kris St. Pierre

Kris St. Rierre

COVER LETTER

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

SUBJECT: CARTER GRANT GENERAL CONTRACTOR, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☑ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate o Status
		ADDITIONAL CO	
FROM: C	ARTER M GRANT Name	(Printed or typed)	
-	1586 GOLDEN HAP	RVEST	
-	NAPLES, FL 34109	State & Zip	
2	239-253-0702 Daytime To	elephone number	

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)

ARTICLE I NAME

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The name of the corporation shall be:

CARTER GRANT GENERAL CONTRACTOR, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 3455 PINE RIDGE ROAD, SUITE 101 NAPLES, FLORIDA 34109

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: GENERAL CONSTRUCTION

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

CARTER M. GRANT, Pres, VP, Sec'y, Treas 1586 GOLDEN HARVEST NAPLES, FLORIDA 34109



· ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:

CARTER M. GRANT 1586 GOLDEN HARVEST NAPLES, FLORIDA 34109

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CARTER M. GRANT 1586 GOLDEN HARVEST NAPLES, FLORIDA 34109

************	***********
Having been named as registered agent to accept service of process for a certificate, I am familiar with and accept the appointment as registered ag	
Caren Livent	10/5/07
Signature/Registered Agent	Date
(miles Winns	10/5/07
Signature/Incorporator	Date