

Division of Corporations

Page 1 of 1

PK000097687

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000280272 3)))



H140002802723ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -4 AM 11:49

FILED

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
CARILLON TOWER ADVISERS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -4 PM 3:51

RECEIVED

Electronic Filing Menu Corporate Filing Menu Help

Handwritten signature and date: [Signature] 12/5

COVER LETTER

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

SUBJECT: Carillon Tower Advisers, 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Kary Bahr
Name (Printed or typed)

880 Carillon Parkway
Address

St. Petersburg, FL 33716
City, State & Zip

727-567-4309
Daytime Telephone number

kary.bahr@raymondjames.com
E-mail address: (to be used for future annual report 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)

ARTICLE I NAME
The name of the corporation shall be: Carillon Tower Advisers, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address

880 Carillon Parkway
St. Petersburg, FL 33716

Mailing address, if different is:

P.O. Box 12749
St. Petersburg, FL 33733-2749

14 DEC -4 AM 11:49
RECEIVED
ST. PETERSBURG FLORIDA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: any and all lawful business

ARTICLE IV SHARES 10,000 shares of common stock, each with a par value of one cent (\$0.01)
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Richard J. Rossi, Director & President</u>	Name and Title:	<u>Eric C. Wilwant, Director & Treasurer</u>
Address	<u>880 Carillon Parkway</u> <u>St. Petersburg, FL 33716</u>	Address:	<u>880 Carillon Parkway</u> <u>St. Petersburg, FL 33716</u>

Name and Title:	<u>J. Cooper Abbott, Director & Secretary</u>	Name and Title:	_____
Address	<u>880 Carillon Parkway</u> <u>St. Petersburg, FL 33716</u>	Address:	_____ _____ _____

Name and Title:	_____	Name and Title:	_____
Address	_____ _____ _____	Address:	_____ _____ _____

(cont.)

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: CT Corporation System
 Address: 1200 South Pine Island Road
Plantation, FL 33324

14 DEC -4 AM 11:49
 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 11:15:10

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paul L. Matecki
 Address: 880 Carillon Parkway
St. Petersburg, FL 33716

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

<u>Conie Bays</u> Required Signature/Registered Agent	<u>12/4/2012</u> Date
--	--------------------------

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

<u>[Signature]</u> Required Signature/Incorporator	<u>12/4/14</u> Date
---	------------------------