TRANSMITTAL LETTER

000012970

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

SUBJECT:	Carved Expression	ons, Inc. TENAME-MUSTINCL	******87.50	#####87.5
	,	<u> </u>		
Enclosed is an origin	al and one(1) copy of the artic	les of incorporation and a	a check for :	_
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	Name (P	rinted or typed)	SEC	8
	A	Joods Dr. Address		
	Jacksonville City, (904) 733-141 Daytime T	- -	OF STATE E FLORIDA	

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	e I	Name

The name of the corporation shall be Carved Expressions, Inc.

Article II Principal Office

The principal place of business/mailing address is:

7221 Secret Woods Dr. Jacksonville, FL 32216

Article III Purpose

The purpose for which the corporation is organized is any lawful business purpose authorized within the

Article IV Shares

The number of authorized shares of stock is ten thousand (10,000).

Article V Initial Officers/Directors

The initial Officers and Directors of the corporation shall be appointed and/or elected in accordance with the bylaws of the corporation adopted by the shareholders.

Article VI Registered Agent

The name and address of the registered agent is:

Francis J. Milon III 200 E. Forsyth St. Jacksonville, FL 32202 (904) 281-0186

Article VII Incorporator

The name and address of the incorporator is:

Christina L. Milon 7221 Secret Woods Dr. Jacksonville, FL 32216 (904) 733-1419

************************************** Having been named as the 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.

Signature/Registered/Algent

Signature/Incorporator

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