

#### Florida Department of State

#### **Division of Corporations**

Public Access System
Katherine Harris, Secretary of State

#### **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.

(((H02000146957 4)))

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)205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839 Fax Number: (305)716-0346



# FLORIDA PROFIT CORPORATION OR P.A.

CARTER ENTERPRISES OF SOUTH FLORIDA, INC.

| 0          |
|------------|
| , <b>1</b> |
| 04         |
| \$78.75    |
|            |

6/3/02 3:36 PM

# ARTICLES OF INCORPORATION 2007 JUN -3 AM 7:01 CARTER ENTERPRISES OF SOUTH FLORIDA, INC.

SECRETARY OF STATE TALLAHASSEE FLORIDA

We, the undersigned are desirous of forming a corporation under the laws of the state of Florida such, laws that are applicable to corporations for profit, and respectfully petition the secretary of state for approval of such incorporation under the following proposed certificate of incorporation.

## <u>ARTICLE I</u>

#### NAME

The name of the corporation shall be, CARTER ENTERPRISES OF SOUTH FLORIDA, INC. And its principle place of business shall be 521 SAN SERVANDO AVE, CORAL GABLES, FL 33143.

and any other location that the board of directors may deem appropriate.

# <u>ARTICLE II</u>

# RESIDENT AGENT

The resident agent of the corporation shall be CLINT C MOYLAN 521 SAN SERVANDO AVE, CORAL GABLES, FL 33143.

#### <u>ARTICLE III</u>

# **GENERAL NATURE OF BUSINESS**

The ganeral purpose or objet to be transacted promoted or carried on by this corporation is any activity or business permitted under the laws of the United States and of the States

## **ARTICLE IV**

## **SHARES OF STOCK**

The maximum number of shares of stock that corporation is authorized to have outstanding at any time is five hundred (500) of common stock.

## ARTICLE V

#### **AMOUNT OF CAPITAL**

The amount of capital with which the corporation will begin business will be a minimum of five hundred dollars (\$500.00)

## ARTICLE VI

#### **DURATION**

This corporation is to have perpetual existence commencing upon the approval by the secretary of state of this certificate of incorporation.

#### **ARTICLE VII**

#### **DIRECTORS**

ONE directors will manage the affairs of the corporation. The names and addresses of the individual who is to serve as director until new director are elected at the shareholders meeting is:

NAME CLINT C MOYLAN

ADDRESS

President

521 SAN SERVANDO AVE CORAL GABLES , FL 33143.

WE, THE UNDERSIGNED, BEING THE ORIGINAL SUBSCRIBERS TO THIS CERTIFICATE OF INCORPORATION, DO HEREBY MAKE, SUBSCRIBE, ACKNOWLEDGE AND FILE THIS CERTIFICATE AND CERTIFY THAT THE FACTS STATED HEREIN ARE TRUE, AND HAVE UNTO SET MY HAND AND SEAL THIS 03 DAY OF JUNE, 2002

CEINT C MOYLAN

# 

2002 JUN - 3 AM 7: 01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

# CERTIFICATE OF DESIGNATION REGISTERED AGENT\REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida statuettes, 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 CARTER ENTERPRISES OF SOUTH FLORIDA INC.

2 The name and address of the registered agent is CLINT C MOYLAN 521 SAN SERVANDO AVE, CORAL GABLES, FL 33143.

SIGNATURI

TITLE

Prosident

DATE

6/3/82

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THE CAPACITY I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I'M FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

DATE