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SECRETARY OF STATE
TAILAHASSEE FLORIDA



TRANSMITTAL LETTER

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

SUBJECT: T. I	L. Carter Enterprises, Inc.			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	rinal and one (1) copy of the arti	cles of incorporation and	l a check for:	
□ \$70.00	☑ \$78.75	□ \$78.75	□ \$87.50	
		Filing Fee	Filing Fee,	
Filing Fee	Filing Fee & Certificate of Status			
	& Certificate of Status	& Certified Copy		
			& Certificate of	
			Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Travis L. Carter			
FROM	Name (Printed or typed)			
	2643 NW 2nd Street			
-	Address			
	Ocala, Florida 34475			
•				
•	City, State & Zip			
	305-772-1194			
•	Daytime Telephone 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

The name of the corporation shall be:

T. L. Carter Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2643 NW 2nd Street Ocala, FL 34475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Travis L. Carter, President/CEO

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Travis L. Carter 2643 NW 2nd Street Ocala, FL 34475

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Travis L. Carter 2643 NW 2nd Street Ocala, FL 34475

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

Signature/Registered Agent

Signature/Incorporator

1//12/02 Date

OZ KILED ALCALIARY OF MILES SEE TORING

11 /12/02 Date