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TRANSMITTAL LETTER

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

SUBJECT:	TOM CARTER INC.		
		porate name - must include su	
Enclosed is an orr	· · · · · ·	CI\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	LI \$87.50 Filing Fée, Certified Copy & Certificate of Status
FROM	1: TOM CARTER	Printed or typed)	
	2821 SHAMROCK DRIVE Address		
	VENICE, FLORIDA	34293 y, State & Žip	

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(941) 408-0394

ARTICLES OF INCORPORATION	41	20
The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.	** • .	2003 157 2
ARTICLE I NAME		
The name of the corporation shall be:	٠.	1.1.2
TOM CARTER INC.	TIES.	D 22
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:		
2821 SHAMROCK DRIVE VENICE, FL 34293		
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any on 5000 SHARES OF NO PAR STOCK	e (ime i	is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are:		·
TOM CARTER 2821 SHAMROCK DRIVE VENICE, FL 34293		÷ -
ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles of Incorporation are:		- (
PRESIDENT		
TOM CARTER 2821 SHAMROCK DRIVE VENICE, FL 34293		
Thous Cart 1-1-03		·
Signature/incorporator Date		

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place desig	nated in thi
certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to com	grly with the
provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and	l accept the
obligations of my position as registered agent	•
obligations of my position as registered agent	-

Signature/Registered Agent

Date