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' (Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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TRANSMITTAL LETTER

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

SUBJECT:	CAROLYNE A		10		
	(rROPOSED CORPORA)	TE NAME — <u>MUST INCLU</u>	IDE SUFFIX)		
	•				
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	a check for:		
\$70.00		□ \$78.75	□ \$87.50		
Filing Fee	-	Filing Fee	Filing Fee,		
	& Certificate of Status	& Certified Copy	Certified Copy & Certificate of		
			Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:	CAROLYNE F	AUSTIN			
	CAROLYNE F. AUSTIN Name (Printed or typed)				
7840 W. INNLANE					
	Address				
HOMOSASSA FC. 34446 Clty, State & Zip					
	City, State & Zip				
352-621-6604					
	Daytime Telephone number				

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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED
ARTICLE I NAME	03 JUL 15 AM 10: 12
The name of the corporation shall be:	SECRETARY OF STATE
· CAROLYNE AUSTIN, INC.	TALLAHASSEE FLORIDA
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 7840 ω. Ινν μονε	
HOMOSASSA, FL. 34446	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
TO CONDUCT LAWFUL BUSINESS FOR WHICH	BUSNISSES
MAY BE INCORPORATED UNDER THE FLORIDA	GENERAL
ARTICLE IV SHARES The number of shares of stock is:	ACT.
500 SHARES	
The name(s), address(es) and title(s): ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: CAROLYNE F. AUSTIN 1840 W. INN LANE HOMOSASSA, FL. 34446	-
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: CAROLYNE F. AUSTIN TEYO W. INN LANE HOMOSASSA, FL. 34446	_

Constyne of Distriction (6) Signature/Registered Agent	• ·-
Signature/Registered Agent	Date
· · · · · · · · · · · · · · · · · · ·	4.03
Signature/Incorporator	Date