## P0400004958

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates of	f Status
Special Instructions to F	iling Officer:	
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		}

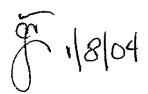
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2003 DEC 29 PM 6: 26



December 17, 2003

Carol Susan Enterprises , Inc.

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

FILED

2003 DEC 29 PM 6: 26

TALLAHASSEE FLORIDA

:	
Gentlemen:	
Enclosed please find the original and one check in the amount of \$70.00.	copy of the Articles of Incorporation, together with m
This represents the cost of the Filing Fe above named corporation.	ees and Fee for Registered Agent Designation for the
Very	truly yours.
	Carol S. Cad (Individual's Name)
	Carol Susan Enterprises, Inc. (Name of Corporation)
	MAILING ADDRESS OF CORPORATION  230 W. Retta Street
	DeLeon Springs, FL 32130
: 4	PHONE

## ARTICLES OF INCORPORATION of

•	Carol Su	san Enterprises, Inc.	
•	····	name of corporation)	
	ersigned acting as the incorporators se following articles of incorporation	of a corporation under the Florida B for such corporation:	usiness Corporation Act,
The nam	ARTICL e of the corporation is:	.E I – CORPORATE NAME	7003 DEC 29 F
	Carol Sus	an Enterprises, Inc.	29
This cor		TICLE II – DURATION ss dissolved according to Florida law	
		TICLE III - PURPOSE of engaging in any activities or businda.	iness permitted under the
The corp		LE IV - CAPITAL STOCK shares of common stock, par value	e \$ <u>1.00</u> per share.
The stre		- INITIAL PRINCIPAL OFFICE ice and, if different, the mailing addr	ess is:
STREET A	DDRESS		
	230 W. Retta Street		
CITY	DeLeon Springs	FLORIDA	ZIP 32130
Mailing	address, if different		
STREET A	DDRESS Same as above		
		· ·	
CITY		FLORIDA	ZIP
The stre		AL REGISTERED OFFICE AND Action and the name of the initial regist	
NAME	Carol Rad	,	
ADDRESS	230 W. Retta Street	; ;	
CITY	DeLeon Springs	FLORIDA	ZIP 32130

## ARTICLE VII - INITIAL BOARD OF DIRECTORS

increased or o	ration shall have One liminished from time to time by director(s) of the corporation are	the By-Laws, but shall never b	The number of directors may be either to be less than one (1). The names and addre	sse
NAME	Carol Rad			
ADDRESS	230 W. Retta Street			
CITY	DeLeon Springs	STATE FL	ZIP 32130	-
NAME				
ADDRESS				
CITY		ŜTATE	ZIP	
NAME				
ADDRESS		:		
CITY		STATE	ZIP	
NAME	and address of the incorporators  Carol Rad		portation and an ionomo.	
ADDRESS	230 W. Retta Street			
CITY	DeLeon Springs	STATE FL	ZIP 32130	
NAME				
ADDRESS				
CITY		STATE	ZIP	
NAME				
ADDRESS				
CITY		STATE	ZIP	
The unders	igned incorporator(s) have execu	uted these Articles of Incorpora	ition this17 <sup>th</sup>	
day of	December , 2003.	Carel	S. Rad (Signature)	
		-	(Signature)	
		<u> </u>	(Signature)	

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE



* **	Carol	Susan	Enter	prises,	Inc.

	}	
Pursuant of l	Florida Statutes Section	ons 48.091 and 607.0501, the following is submitted:
		under the laws of the State of Florida with its registered office
as indicated	in the Articles of Inco	rporation
at	230 W. Retta Street	
		32130
		its registered agent to accept service of process within this
state.		!
Having been	named as registered a	agent and to accept service of process for the above stated
corporation a	at the place designated	in this certificate, I hereby accept the appointment as
registered ag	gent and agree to act in	this capacity. I further agree to comply with the provisions of
all statutes re	elating to the proper ar	nd complete performance of my duties, and I am familiar with
and accept th	ne obligations of my p	osition as registered agent.

December 17, 2003 (Date)