

PO4 000122843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

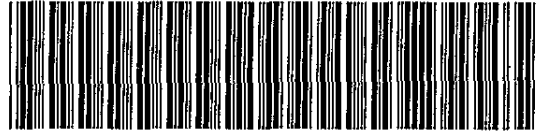
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## TRANSMITTAL LETTER

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

SUBJECT: CAROLYN A. WINSTON, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☒ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status  
**ADDITIONAL COPY REQUIRED**

FROM: CAROLYN A. WINSTON  
Name (Printed or typed)  
825 Renaissance Pointe Blvd. #102  
Address  
Altamonte Springs, FL 32714  
City, State & Zip  
321. 356. 1398 or 407. 296. 9372  
Daytime Telephone number

04 AUG 25 11:36  
STATE DIVISION OF  
CORPORATIONS  
TALLAHASSEE, FL

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**

The name of the corporation shall be:

CAROLYN A. WINSTON, INC.

### **Article II**

The principal place of business/mailing address is:

825 RENAISSANCE POINTE

UNIT 102

ALTAMONTE SPRINGS, FL 32714

### **Article III**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### **Article IV**

The number of shares of stock is:

1000 SHARES @ \$1.00 PAR VALUE

### **Article V**

List names(s), address(es) and specific title(s):

CAROLYN A. WINSTON, PRESIDENT

825 RENAISSANCE POINTE

UNIT 102

ALTAMONTE SPRINGS, FL 32714

### **Article VI**

The name and Florida address of the Registered Agent is:

CAROLYN A. WINSTON

825 RENAISSANCE POINTE

UNIT 102

ALTAMONTE SPRINGS, FL 32714

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**Article VII**

The name and address of the Incorporator is:

CAROLYN A. WINSTON  
825 RENAISSANCE POINTE  
UNIT 102  
ALTAMONTE SPRINGS, FL 32714

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.

Carolyn A. Winston  
Signature/Registered Agent

08/23/2004  
Date

Carolyn A. Winston  
Signature/Incorporator

08/23/2004  
Date

04 AUG 25 PM 1:34  
DIVISION OF REVENUE  
STATE OF FLORIDA