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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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TRANSMITTAL LETTER

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

SUBJECT: Carrie	Consulting, Inc (PROPOSED CORPORA)	TE NAME – MUST INCL	UDESUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	_
□ \$70.00 Filing Fee	☑ \$78.75 Filing Fee & Certificate of Status	Filing Fee Filing Fee,		
FROM: _S	usan Fox Name ((Printed or typed)		
	690 Hibiscus Drive	ıddress		04 Bit
Satellite Beach, Florida 32937 City, State & Zip				DIVISION OF SELVE
321-243- 9 904				PH SE
Daytime Telephone number				52

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) NAME

The name of the corporation shall be:

Carrie Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 690 Hibiscus Drive Satellite Beach, Florida 32937

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: Computer Training

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

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

Susan Fox, President 690 Hibiscus Drive Satellite Beach, FL 32937

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Susan Fox 690 Hibiscus Drive Satellite Beach, Florida 32937

INCORPORATOR ARTICLE VII

The <u>name and address</u> of the Incorporator is:

Susan Fox 690 Hibiscus Drive Satellite Beach, Florida 32937

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