

P05000017994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

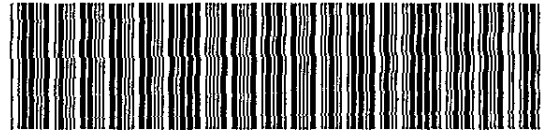
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/20/05--01013--010 **78.75

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05 JAN 20 AM 8:47
TALLAHASSEE, FLORIDA

C.S. 2-4

TRANSMITTAL LETTER

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

SUBJECT: CAROLANN SOMERS INC.

(PROPOSED CORPORATE NAME - **MUST INCLUDE SUFFIX**)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: CAROLANN HURST SOMERS

Name (Printed or typed)

581 NW KINGSTON STREET

Address

PORT ST. LUCIE, FL. 34983

City, State & Zip

(772) 579-9537

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

05 FEB -3 PM 3:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

January 25, 2005

CAROLANN HURST SOMERS
581 NW KINGSTON STREET
PORT ST. LUCIE, FL 34983

SUBJECT: CAROLANN SOMERS INC.
Ref. Number: W05000003917

We have received your document for CAROLANN SOMERS INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You used the wrong form for the corporation. This is a profit corporation and you used non-profit articles.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carolyn Lewis
Regulatory Specialist II
New Filings Section

Letter Number: 105A00005075

TRANSMITTAL LETTER

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

SUBJECT: CAROLANN SOMERS 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: CAROLANN HURST SOMERS

Name (Printed or typed)

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Address

PORT ST. LUCIE, FL. 34983

City, State & Zip

(772) 579-9537

Daytime Telephone number

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 NAME

The name of the corporation shall be:

CAROLANN SOMERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

581 NW KINGSTON STREET
PORT ST. LUCIE, FL 34983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation is organized for the purpose of engaging in any lawful activity for which corporations may be organized under Florida law.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue 1,000 shres at no par value.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CAROLANN HURST SOMERS - DIRECTOR
581 NW KINGSTON STREET
PORT ST. LUCIE, FL 34983

ARTICLE VI REGISTERED AGENT

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

CAROLANN HURST SOMERS
581 NW KINGSTON STREET
PORT ST. LUCIE, FL 34983

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROLANN HURST SOMERS
581 NW KINGSTON STREET
PORT ST. LUCIE, FL 34983

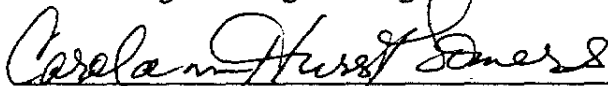
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

1/29/05

Date



Signature/Incorporator

1/29/05

Date

FILED
05 JAN 20 AM 8:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA