

P068800066553

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

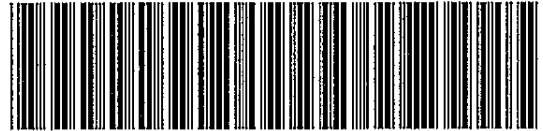
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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2006 MAY 11 A 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

5-18-06
OC

COVER LETTER

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

SUBJECT: Carpe Via, 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: Craig Carlton

Name (Printed or typed)

12305 Windswept Avenue

Address

Riverview, FL 33569

City, State & Zip

813-677-4938

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:

Carpe Via, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

12305 Windswept Avenue
Riverview, FL 33569

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All Legal means of profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Craig Carlton, President

ARTICLE VI REGISTERED AGENT

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

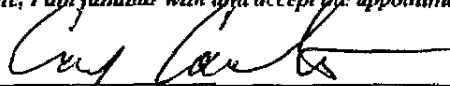
Craig Carlton
12305 Windswept Avenue
Riverview, FL 33569

ARTICLE VII INCORPORATOR

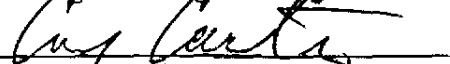
The name and address of the incorporator is:

Craig Carlton
12305 Windswept Avenue
Riverview, FL 33569

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

5/9/06

Date

5/9/06

Date

2006 MAY 11 A 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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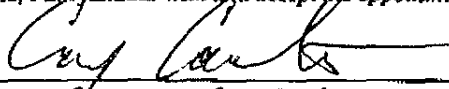
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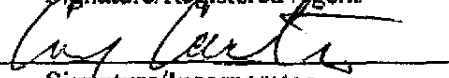
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