P06000143117

*				
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
JUV W835				
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Buren NOV 1 4 20061

COVER LETTER

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

SUBJECT: CAR	JON INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the arti	cles of incorporation and	l a check for:
▼\$70.00 Filing Fee Cleck already ox file.	inal and one (1) copy of the arti \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:	Carol A. Cam	pbell (Printed or typed)	
	1012 Conley	Drive	
-	· · · · · · · · · · · · · · · · · · ·	Address	· · · · · · · · · · · · · · · · · · ·
-	Oviedo, FL 3	32765 State & Zip	
-	407 977-5917 Daytime T	7 elephone number	

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



October 13, 2006

CAROL A CAMPBELL 1012 CONLEY DRIVE OVIEDO, FL 32765

SUBJECT: CAC INCORPORATED Ref. Number: W06000044835

We have received your document for CAC INCORPORATED and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2007 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6928.

Tim Burch
Document Specialist
New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 806A00060879

ARTICLE I NAME	SI SATA
The name of the corporation shall be:	FILED 2006 NOV 14 PH SECRETARY OF S FALLAHASSEE, FL
CARJON INC.	FILED OV 14 PM ETARY OF S AHASSEE, FI
	FILED DV I4 PH 1:57 ETARY OF STATE WHASSEE, FLORIDA
ARTICLE II PRINCIPAL OFFICE	
The principal place of business/mailing address is:	- RA - -
1012 Conley Drive Oviedo, FL 32765	I: 57 STATE LORIDA
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
Home-based Customer Service Business	
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):	
Carol Campbell Owner & CEO	
1012 Conley Drive Oviedo, FL 32765	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the	gistered agent is:
Carol Campbell	
1012 Conley Drive Oviedo, FL 32765	
·	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	
Carol Campbell	
1012 Conley Drive	
Oviedo, FL 32765	
***************************************	******
Having been named as registered agent to accept service of process for the above state certificate, I am familiar with and accept the appointment as registered agent and agree	
Ind Landoll	11/7/06
Signature/Registered Agent	Date
and Cample II	11/2/06