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Special Instructions to	Filing Officer:					

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SECRETARY OF STATE
ALLAHASSEE EL CARE

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COVER LETTER

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

SUBJECT: Carol Faunce, Inc. (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	.UDE SUFFIX)
Enclosed are an original and one (1) copy of the are \$70.00 \$\sqrt{\$78.75}\$ Filing Fee Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee,
& Certificate of Status	& Certified Copy ADDITIONAL CO	Certified Copy & Certificate of Status OPY REQUIRED
FROM: Carol Faunce	e (Printed or typed)	
5127 Colchester Ave.	Address	
Spring Hill, FL 34608	y, State & Zip	
352-688-7146 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:

Carol Faunce, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5127 Colchester Ave. Spring Hill, FL 34608

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Open a painting 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 Faunce 5127 Colchester Ave. Spring Hill, FL 34608 President

ARTICLE VI REGISTERED AGENT

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

Carol Faunce 5127 Colchester Ave. Spring Hill, FL 34608

ARTICLE VII INCORPORATOR

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

Carol Faunce 5127 Colchester Ave. Spring Hill, FL 34608

Having been na	med as registered o	agent to accept service o	f process for the above	ve stated corporation a	t the place designated in this
		tecept the appointment a			

Signature/Registered Agent Date

Signature/Incorporator Date