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(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

007-26738

COVER LETTER

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

SUBJECT: Carmichael & Son Mobile Home Setup, 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: Epstine R Carmichael
Name (Printed or typed)

PO Box 4919
Address

Homosassa Springs, FL 34447
City, State & Zip

352-427-9349
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 SEP 25 P 3:45

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2007

EPSTINE R CARMICHAEL
P O BOX 4919
HOMOSASSA SPRINGS, FL 34447

SUBJECT: CARMICHAEL & SON MOBILE HOME SETUP, INC.
Ref. Number: W07000026738

We have received your document for CARMICHAEL & SON MOBILE HOME SETUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6855.

Tammy Hampton
Document Specialist
New Filing Section

Letter Number: 007A00038400

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:

Carmichael & Son Mobile Home Setup, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

575 S Ponder Ave
Lecanto, Fl 34461

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Conduct Lawful Business

ARTICLE IV SHARES

The number of shares of stock is:

500 Shares of Common Stock

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Epstine R Carmichael, Director, President, Secretary, Treasurer
575 S Ponder Ave
Lecanto, Fl 34461

ARTICLE VI REGISTERED AGENT

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

Epstine R Carmichael
575 S Ponder Ave
Lecanto, Fl 34461


ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Epstine R Carmichael
575 S Ponder Ave
Lecanto, Fl 34461

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

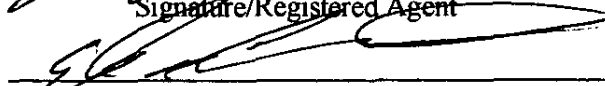
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

18 Sep 07

Date



Signature/Incorporator

18 Sep 07

Date