## PD8888046864

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Sharini testauntiana ta Silina Office			
Special Instructions to Filing Officer:			





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## **COVER LETTER**

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 5/5/08

SUBJECT:	AW OFFICE OF B. (PROPOSED CORPORA	LAKE CARLTO ATENAME – <u>MUST INC</u> I	V, P. A.  JUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	i a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	& Certificate of Status
FROM:	BLAKE M. CARL Name 515 SW 18 Ave	(Printed or typed)	D., FL 33312
	City	, State & Zip	
	9-11 41-	Hours	

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

Daytime Telephone number

	1.
الاست. 	7000 MAY (ED)
ARTICLES OF INCORPORATION	ACCAMASSE OF ST. 58
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	ALLAMASSEE, FST.
ARTICLE I NAME	MLLANDER ~ R. Sp.
The name of the corporation shall be:	ASSEE EST
The name of the corporation shall be:  LAW OFFICE OF BLAKE	E CARLTONSURA.
ARTICLE II PRINCIPAL OFFICE	,
The principal street address and mailing address, if different is:	
501 Golden Isles DR., S	He. 203
Hallandale, FL 33009	
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	41. 4. 21.
1 aw practice, and all other in	alters + purposes
regal under FL Laws	
ARTICLE IV SHARES	
The number of shares of stock is:	
@ \$1.00 p/share	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	
Blake Carlton, P,	
501 Golden Islas	DR., St. 203
Hallandale, FL 33	1009
J , _	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the region	stered agent is:
Blake Carlton	
501 Golden 13/es Dre., Ste. 203	
Hallandale, FL 33009	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	
Blake Carlton DR., St. 203 501 Golden Isles DR.,	•
50/ 60/94/1 12 27 1 8	
Hallandale, FL 33009	********
Having been named as registered agent to accept service of process for the above stated c	orporation at the place designated in thi
certificate, I am familiar with and accept the appointment as registered agent and agree to ac	
Haban Palle - Blake Carthan	5-19-02
Signature/Registered Agent	5- 19-08 Date
Staken Carlon Blake Carlon Signature/Registered Agent  Smarlon Blake Carlon	5-19-08
Signature/Incorporator	Date
- Signature/Involporator	Duto