

P08000050160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

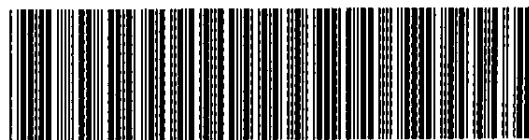
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 MAY 20 AM 11:39

DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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08 MAY 20 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

gf 5/20/08

**FILED**

**COVER LETTER**

**08 MAY 20 AM 11:44**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

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

SUBJECT: CARTER'S CORNER 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: SAMUEL L. CARTER  
Name (Printed or typed)

3584 COYOTE CREEK DR.  
Address

Tallahassee FL 32301  
City, State & Zip

(850) 241-4628  
Daytime Telephone number

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

FILED

08 MAY 20 AM 11:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## 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: *Carter's Corner Inc.*

### ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

*3584 COYOTE Creek Dr.  
Tallahassee FL, 32301*

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *CONSULTANT & Service*

*THE company will provide information to students, parents & community members as well as host community events.*

### ARTICLE IV SHARES

The number of shares of stock is: *1 (one)*

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Salon L. Carter - Vice Pres.  
Kiera R. Carter - SEC.  
NATASHA R. CARTER. TRES.*

### ARTICLE VI REGISTERED AGENT

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

*SAMUEL L. CARTER Jr.  
3584 COYOTE Creek Dr.  
Tallahassee FL, 32301*

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*SAMUEL L. CARTER Jr.  
3584 COYOTE Creek Dr.  
Tallahassee FL, 32301*

\*\*\*\*\*

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

*Samuel L. Carter Jr.*

Signature/Registered Agent

*5/20/08*

Date

*Samuel L. Carter Jr.*

Signature/Incorporator

*5/20/08*

Date