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2009 AUG - 6 PN 4: 5 SECRETARY OF STATE

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## **COVER LETTER**

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

SUBJECT:	Law Office of Blake M. Carlton, P.A.			
	(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	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	& Certificate of Status	
		ADDITIONAL CO	or i Required	
FROM:		. Carlton, Esq.		
	2312 Wilton Drive			
	Address			
	Wilton Manors, FL 33305 City, State & Zip			
	954-745-7919 Daytime Telephone number			
	blakemarlowe@hotmail.com			
	F-mail address: (to be used for future annual report notification)			

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

## ARTICLES OF INCORPORATION

FILED

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

SECRETARY OF STATE

The name of the corporation shall be W Office of Blake M. Carlton, ARJAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 2312 Wilton Dr., Wilton Manors FL 33305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:to practice law and for all other lawful purposes in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 100 at \$1.00 p/share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):P, V-P. T, Scty:

Blake M. Carlton, Esq.

2312 Wilton Drive Wilton Manors FL 33305

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Michael Carlton 2803 NE 6th LN, Wilton Manors, FL 33334

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Blake M. Carlton, Esq. 2312 Wilton Dr., Wilton Manors, FL 33305

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
Blaken Carefor

Signature/Incorporator

Date Date

8/4/07

**Jate**