

PI0000023072

(Requestor's Name)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-16-10 25

COVER LETTER

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

SUBJECT: Carriger Consulting, 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: Ann Carriger

Name (Printed or typed)

15 Riverview Bend N. #223

Address

Palm Coast, Florida 32137

City, State & Zip

(386) 585-8691

Daytime Telephone number

acarriger@cfl.rr.com

E-mail address: (to be used for future annual report notification)

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:

Carriger Consulting, Inc.

ARTICLE II PRINCIPAL OFFICE

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

15 Riverview Bend N. #223

Palm Coast, Florida 32137

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business consulting and any other lawful business.

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ann Carriger	15 Riverview Bend N #223	Palm Coast, FL 32137	Director & President
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ARTICLE VI REGISTERED AGENT

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

Ann Carriger

15 Riverview Bend N. #223

Palm Coast, FL 32137

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ann Carriger

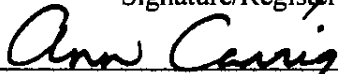
15 Riverview Bend N. #223

Palm Coast, FL 32137

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



Signature/Incorporator

3-12-2010

Date

3-12-2010

Date

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10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA