

AI 0000100599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

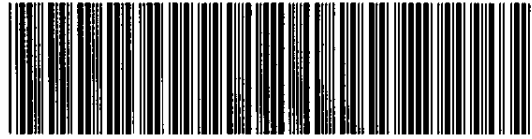
(Business Entity Name)

(Document Number)

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

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2010 DEC 13 PM 3:50  
CLERK JEFFREY S. STATE  
TALLAHASSEE, FL 32304

10:00 AM DEC 14 2010

**COVER LETTER**

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

SUBJECT: Carlton Thornton Enterprise 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: Carlton Thornton  
Name (Printed or typed)

537 SW TAMARACK Loop  
Address

LAKE City FL 32024  
City, State & Zip

386-752-8350  
Daytime Telephone number

diehardchief58@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

Division of Corporations  
Tallahassee Florida

November 3, 2010

To Whom It May Concern:

I am requesting that my corporation name of Carlton Shannon Enterprise Inc  
Be released and I do not retain the name effective immediately. P08000028569

This is a unanimous choice by the stockholders.

Thank you,

*Carlton Shannon*

FILED

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: Carlton Thornton Enterprise Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address: 537 SW TAMARACK LOOP LAKE CITY FL 32024

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY & ALL Lawful purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARLTON THORNTON Name and Title:
Address: 537 SW TAMARACK LOOP LAKE CITY FL 32024
Name and Title:
Address:
Name and Title:
Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: CARLTON THORNTON
Address: 537 SW TAMARACK LOOP LAKE CITY FL 32024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nettie Davis
Address: 846 SW Main Blvd LAKE CITY FL 32025

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

Carlton Thornton

Required Signature/Registered Agent

11/15/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Nettie M Davis

Required Signature/Incorporator

11/15/10
Date