

P11000045102

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(Business Entity Name)

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11 MAY - 9 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/11/11

COVER LETTER

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

SUBJECT: Carpanem 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: John Metz

Name (Printed or typed)

3417 South Saxxon Road

Address

Saint Augustine, FL 32092

City, State & Zip

904-612-7750

Daytime Telephone number

johnmetz3rd@gmail.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 Carpanem Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
3417 South Saxxon Road
Saint Augustine, FL 32092

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Bread distribution

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John P. Metz, President
Address: 14879 Fern Hammock Drive West
Jacksonville, FL 32258

Name and Title: _____
Address: _____

Name and Title: Geri Metz, Treasurer
Address: 3417 South Saxxon Road
Saint Augustine, FL 32092

Name and Title: _____
Address: _____

Name and Title: John Metz, Secretary
Address: 3417 South Saxxon Road
Saint Augustine, FL 32092

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

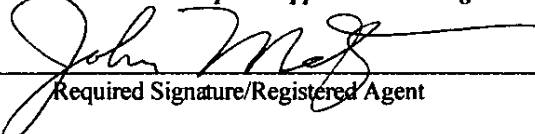
Name: John Metz
Address: 3417 South Saxxon Road
Saint Augustine, FL 32092

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Metz
Address: 3417 South Saxxon Road
Saint Augustine, FL 32092

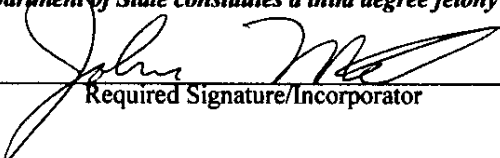
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

5-5-11

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.


Required Signature/Incorporator

5-5-11

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA