

P11000055253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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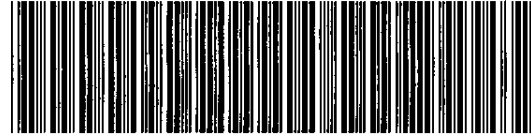
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 13 AM 9:48

Ps 6/14/11

COVER LETTER

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

SUBJECT: Cara's Property Management Services 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: Cara Mahoney
Name (Printed or typed)

1239 Skylark Ave
Address

Marco Island, FL 34145
City, State & Zip

239-272-3098
Daytime Telephone number

ccara4pm services@yahoo.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: Cara's Property Management Services, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1239 SKYLARK AVE
MARCO ISLAND, FL
34145

Mailing address, if different is:
P.O. Box 102
MARCO ISLAND, FL
34146

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cara Mahoney (P)
Address: 1239 SKYLARK AVE
P.O. Box 102
MARCO ISL, FL 34146

Name and Title: Cara Mahoney (VP)
Address: 1239 SKYLARK AVE
P.O. Box 102
MARCO ISLAND, FL 34146

Name and Title: Cara Mahoney
Address: 1239 SKYLARK AVE
P.O. Box 102
MARCO ISLAND, FL 34146

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Cara Mahoney
Address: 1239 SKYLARK AVE
MARCO ISLAND, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Cara Mahoney
Address: P.O. Box 102
MARCO ISLAND, FL 34146

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

Cara Mahoney
Required Signature/Registered Agent

6/7/11
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.

Cara Mahoney
Required Signature/Incorporator

6/7/11
Date

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