

P13000020634

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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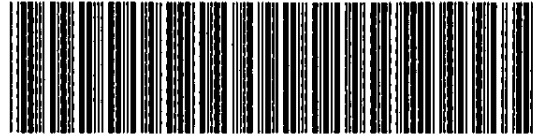
(Business Entity Name)

(Document Number)

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

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03/04/13--01046--018 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 MAR -4 PM 1:13

Ps 3/5/13

## COVER LETTER

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

SUBJECT: CAPE CORAL CART CO 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: S J COOPER AND ASSOCIATES

Name (Printed or typed)

3269 STURGEON BAY COURT

Address

NAPLES, FL 31420

City, State & Zip

239-398-3637

Daytime Telephone number

INFO@UTILACART.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)

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DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be:

CAPE CORAL CART CO ENTERPRISE, INC.

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**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5218 SEMINOLE CT

CAPE CORAL, FL 33904

Mailing address, if different is:

3269 STURGEON BAY CT

NAPLES, FL 34120

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: JoAnn Dusham, President

Address: 5218 Seminole Ct  
Cape Coral, FL 33904

Name and Title: Randy Dusham, vice president

Address: 5218 Seminole Ct  
Cape Coral, FL 33904

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS

13 MAR -4 PM 1:14

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

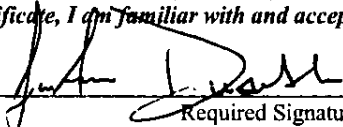
Name: JoAnn Dusham  
Address: 5218 seminole Ct  
Cape Coral, FL 33904

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: SJ Cooper & Associates  
Address: 3269 Sturgeon Bay Court  
Naples, FL 34120

*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

02/18/2012

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

02/18/2012

Date