

P13000021218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

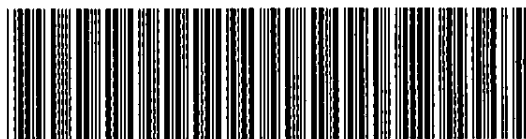
(Business Entity Name)

(Document Number)

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

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2013 MAR -7 PM 2:03  
NOT RECEIVED  
TO AGENCY OF  
SUFFICIENCY OF FILMS

FILED  
13 MAR -7 AM 8:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRP  
3/8/13



CORPORATION SERVICE COMPANY

FILED

13 MAR -7 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195

REFERENCE : 562030 7527475

AUTHORIZATION :

COST LIMIT : \$ 78.75

ORDER DATE : March 7, 2013

ORDER TIME : 12:37 PM

ORDER NO. : 562030-005

CUSTOMER NO: 7527475

DOMESTIC FILING

NAME: CARTER WEST WW, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP  
       ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: \_\_\_\_\_

## COVER LETTER

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

**SUBJECT:** Carter West WW, 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:** Patricia A. Costa  
Name (Printed or typed)  
  
1001 E Telecom Dr  
Address  
  
Boca Raton FL 33431  
City, State & Zip  
  
(561) 981-5252  
Daytime Telephone number  
  
pcosta@silverco.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)

**FILED**

**13 MAR -7 AM 8:24**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**  
The name of the corporation shall be: Carter West WW, Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

Mailing address, if different is:

1001 E Telecom Dr

Boca Raton, FL 33431

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: The corporation is formed for the purpose of transacting any  
and all lawful business.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1,000

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

Name and Title: Larry D. Silver, Director/CEO

Name and Title: B. Judson Honaker, Director/P

Address 1001 E Telecom Dr  
Boca Raton FL 33431

Address: 1201 Central Park Blvd  
Fredericksburg VA 22401

Name and Title: Jesse A Holshouser, CFO/S/T

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

Address 1001 E Telecom Dr  
Boca Raton FL 33431

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

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

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

Address \_\_\_\_\_

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

FILED (cont.)

13 MAR -7 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Corporation Service Company  
Address: 1201 Hays Street  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jesse A. Holshouser  
Address: 1001 E Telecom Dr  
Boca Raton FL 33431

*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*

By: Stephanie Milnes Sec. V.P. 3/7/13  
Required Signature/Registered Agent 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.*

[Signature] 3/7/13  
Required Signature/Incorporator Date