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(Requ	uestor's Name)	
(Addr	ress)	
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(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only

1114/69473



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CONTRACTOR OF THE SERVICE

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COVER LETTER

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

Tananassee, FL 323	14		
SUBJECT: Car	a's Real Estate S	Services, P.A.	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	l a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM: C	ara Mahoney	(Printed or typed)	,
P	O Box 102	. ,	
M	arco Island, FL 3	Address 4146 State & Zip	
23	39-272-3098		

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

Daytime Telephone number

CCara4RealEstate@yahoo.com

E-mail address: (to be used for future annual report notification)



November 18, 2014

CARA MAHONEY P.O. BOX 102 MARCO ISLAND, FL 34146

SUBJECT: CARA'S REAL ESTATE SERVICES, P.A.

Ref. Number: W14000069473

We have received your document for CARA'S REAL ESTATE SERVICES, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 314A00024460

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

от дле согре	ration shall be: Caras Keal		<u>CCJ,</u> , .
RTICLE II PE	RINCIPAL OFFICE Principal street address	Mailing address, i	f different is:
227 605	sbeak Ln	P.O.Box	
	FL 34114		Island, FL
	10 2411	<u></u>	34146
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he number of shares of the num	of stock is: IITIAL OFFICERS AND/OR DIRECTORS tle: Cara Mahoney (P) P.O.BOX 102 Marco Island, Fl	Name and Title: Cara M Address: POBOX Marco	102 Island, FC 4146
The number of shares of the nu	of stock is: IIIIII OFFICERS AND/OR DIRECTORS tle: Cara Mahoney (P) P.O.BOX 10:2 Marco Island, Fl 34146	Name and Title: Cara M Address: POBox MYCO 3 Name and Title:	102 Island, FC 4146
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Name and Tit Address Name and Tit Address	of stock is: Intial Officers and/or directors tile: Cara Mahoney (P) P.O.BOX 102 Marco Island, Fl 34146	Name and Title: Cara M Address: POBOX Marco 3 Name and Title: Address:	102 Island, F2 4146

Name and	Title:P	Name and Title:			
Address		Address:			
ARTICLE VI	REGISTERED AGENT				
	orida street address (P.O. Box NOT acceptable) of the	ne registered agent is:			
Name:	Caramahoney		ま 道		
	227 Grosbeak Lr) .	治		
Address:		,	SS		
	naples, FL 34114		SAC OF THE		
			F E M		
ARTICLE VII	INCORPORATOR		STATE ORALL		
The <u>name and address</u> 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					
			12/3/12		
	Required Signature/Registered Agent		12/3/14 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		12/3/14 Date		