

PL5000059020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

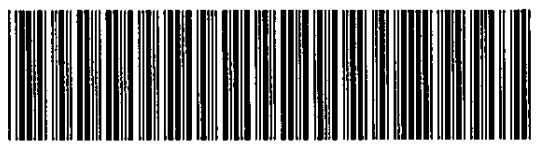
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100279420921

11/25/15--01014--007 **87.50

FILED
15 DEC 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 DEC -2 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: STEVEN R. CARTER Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00 Filing Fee	<input type="checkbox"/> \$78.75 Filing Fee & Certificate of Status	<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED			

FROM: STEVEN R. CARTER
Name (Printed or typed)

304 KINGSLEY LAKE DRIVE SUITE 601
Address

ST. AUGUSTINE, FL 32092
City, State & Zip

(904) 217-0585
Daytime Telephone number

carterskj70@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 DEC 11 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 4, 2015

STEVEN R CARTER
304 KINGSLEY LAKE DR STE 601
ST. AUGUSTINE, FL 32092

SUBJECT: STEVEN R. CARTER INC.
Ref. Number: W15000078580

We have received your document for STEVEN R. CARTER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return 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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 415A00025487

* CORRECTION APPLIED

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: STEVEN R. CARTER INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

304 KINGSLEY LAKE DR. SUITE 601
ST. AUGUSTINE, FL 32092

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO SOLICIT, MARKET, AND ADVISE
FOR THE PURCHASE OF INSURANCE AND INVESTMENT PRODUCTS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN R. CARTER, PRESIDENT Name and Title:

Address 304 KINGSLEY LAKE DR. Address:

SUITE 601

ST. AUGUSTINE, FL. 32092

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

FILED
15 DEC 11 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
15 DEC -2 AM 11:00
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: STEVEN R. CARTER
Address: 304 KINGSLEY LAKE DR. SUITE 601
ST. AUGUSTINE, FL. 32092

ARTICLE VII INCORPORATOR

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

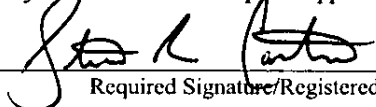
Name: STEVEN R. CARTER
Address: 304 KINGSLEY LAKE DR. SUITE 601
ST. AUGUSTINE, FL. 32092

ARTICLE VIII EFFECTIVE DATE:


Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 11/24/15 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 11/24/15 Date