

P16 UUUU 62724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

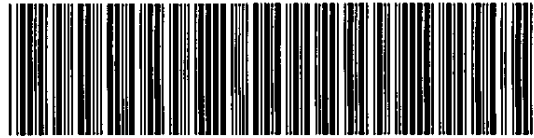
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

JUL 29 2016

T. SCOTT



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COVER LETTER

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

SUBJECT: CARTER ACCESS CONTROLS, 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: KEN CARTER
Name (Printed or typed)
3490 SHEARWATER ST
Address
NAPLES, FL. 34117
City, State & Zip
239-3534102
Daytime Telephone number
HANNELY@CARTER-FENCE.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: CARTER ACCESS CONTROLS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address 3490 SHEARWATER ST. Mailing address, if different is:
NAPLES, FL. 34117

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO BE A LEGAL FOR PROFIT FLORIDA S-CORPORATION

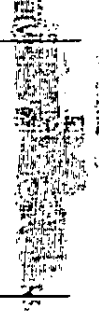
ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>KENNETH D, CARTER</u>	Name and Title:	_____
Address	<u>3890 7TH AVE NW</u>	Address:	_____
	<u>NAPLES, FL. 34117</u>		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____

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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: KENNETH D, CARTER
Address: 3890 7TH AVE NW
NAPLES, FL. 34117

ARTICLE VII INCORPORATOR

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

Name: KENNETH D, CARTER
Address: 3890 7TH AVE NW
NAPLES, FL. 34117

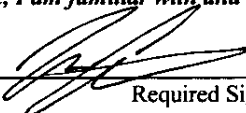
ARTICLE VIII EFFECTIVE DATE:

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.

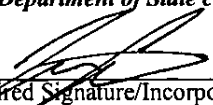
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent

7/6/16
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

7/6/16
Date