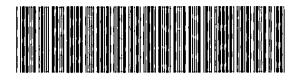
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| (Re | equestor's Name) | | | | |
|---|------------------------|--|--|--|--|
| (Ac | ddress) | | | | |
| (Ac | ddress) | | | | |
| (Ci | ity/State/Zip/Phone #) | | | | |
| PICK-UP | WAIT MAIL | | | | |
| (Bi | usiness Entity Name) | | | | |
| (Document Number) | | | | | |
| Certified Copies | Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| ! | | | | | |
| | | | | | |
| | Office Use Only | | | | |



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TO JUL 28 PN BO 15



JUL 28 2017 C Kinsey

COVER LETTER

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

| SUBJECT: | The CAPPE | enter. Ih | C FDE SUFFIX) | | |
|----------------------|--|------------------------------------|--|--|--|
| Enclosed are an orig | ginal and one (1) copy of the artic | cles of incorporation and | a check før: | | |
| S70.00 Filing Fee | ☐ \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fec & Certified Copy | \$87.50 Filing Fee. Certified Copy & Certificate of Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: | Christophe Name | <i>t</i> | | | |
| 3721 STOKES Drive | | | | | |
| | Savasota Fi | L. 34237 State & Zip | <u> </u> | | |
| | 941-260 Daytime Te | - 7300 elephone number | • | | |
| | E-mail address: (to be used | for future annual report in | (, item | | |

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)

| The name of the corporation shall be: | The (| Carpenter | . Inc |
|--|------------|---------------------|---|
| 1RTICLE II PRINCIPAL OFFICE Principal street address 3721 STOKES DAIM | | I Mailing ad | dress, if different is: |
| SAMSOTA FC 34Z | 37_ | | |
| ARTICLE III PURPOSE The purpose for which the corporation is organized | zed is:Co_ | nstruction | |
| | | | |
| | | | |
| | | | |
| ARTICLE IV SHARES The number of shares of stock is: 100 ARTICLE V INITIAL OFFICERS AND/OF | | President | |
| روس ا در ک | | S_/ Name and Title: | |
| | FL-31 | | |
| | | | 17 JUL |
| Name and Title: | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ |
| Address | | | |
| | | _ | 23 23 |
| Name and Title: | | Name and Title: | |
| Address | | Address: | |
| | | | |
| | | | |

| Name and Title: | Name and Title: | |
|---|---------------------------------------|----------------------------|
| Address | Address: | |
| | | |
| | | |
| | | |
| ARTICLE VI REGISTERED AGENT | | |
| The name and Florida street address (P.O. Box NOT acceptable) | | |
| Name: Christopher Estes | | |
| Address: 3721 Stokes Dr | | |
| 54-456ta FC 34 | 232 | |
| ARTICLE VII INCORPORATOR | | |
| The name and address of the Incorporator is: | | |
| Name: Christopher Este | <u>S</u> | |
| Address: 3721 STUKES Dr | <u></u> | |
| SAMASOTA FL. 3 | 4232 | |
| • | | |
| ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: 7-28- | | |
| (If an effective date is listed, the date must be specific and can filing.) | ot be more than five days prior o | r 90 days after the |
| Note: If the date inserted in this block does not meet the applicable | e 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 proce | | |
| this certificate, I am familiar with and accept the appointment as r | egisterea agent ana agree to act in t | |
| Required Signature/Registered Agent | | 9-28-2017 |
| I submit this document and affirm that the facts stated herein a | e true. I am aware that the false it | nformation submitted in a |
| document to the Department of State constitutes a third degree feld | | x 7-28-2017 |
| Required Signature/Incorporator | | 7- 28- 201 + Date |