

P17000078973

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FILED
17 OCT -2 AM 10:30
RECEIVED OF 09/17/17
ALLAHASSEE, FL 08104

OCT 03 2017

K. Brumbley

COVER LETTER

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

SUBJECT: CARTUNES OF LARGO 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: SHAWN MORRISON
Name (Printed or typed)
1140 E BAY DR
Address
LARGO, FL 33770
City, State & Zip
727-804-1100
Daytime Telephone number
ctunes@tampabay.rr.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: CARTUNES OF LARGO INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1140 EAST BAY DR
LARGO, FL 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY + ALL Lawful Business

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000

FILED
17 OCT -2 AM 10:30
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DARCELL MORRISON Name and Title: PRESIDENT

Address: 1140 EAST BAY DR Address: _____
LARGO, FL 33770

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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) of the registered agent is:

Name: DARCELL MORRISON
Address: 308 BUTTWOOD LN
LARGO, FL 33770

ARTICLE VII INCORPORATOR

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

Name: DARCELL MORRISON
Address: 308 BUTTWOOD LN
LARGO, FL 33770

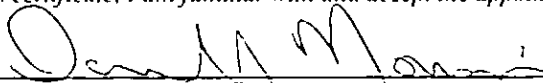
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

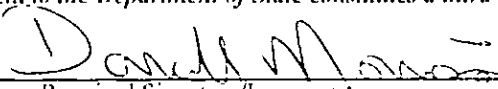
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

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

 9/28/17
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.

 9/28/17
Required Signature/Incorporator Date

FROM: CAR TUNES OF LARGO

DARCELL MORRISON

SHAWN MORRISON

9/28/17

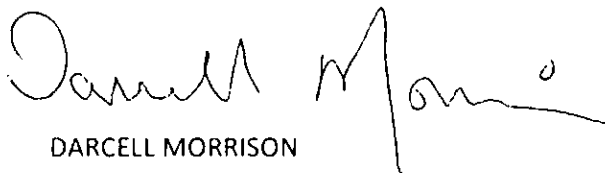
TO: FLORIDA DEPARTMENT OF STATE

TO WHOM IT MAY COMCERN- THIS IS TO LET YOU KNOW I DO NOT HAVE ANY INTENTIONS OF REINSTATING THE DISSOLUTION UNDER THE NAME "CAR TUNES OF LARGO". I AM THE ORIGINAL OWNER OF THE NAME. PLEASE ACCEPT MY CHECK FOR \$70 AS A FILING FEE TO TAKE POSSITION OF THE NAME "CAR TUNES OF LARGO".

THANK YOU

A handwritten signature in cursive script, appearing to read "Shawn Morrison".

SHAWN MORRISON

A handwritten signature in cursive script, appearing to read "Darcell Morrison".

DARCELL MORRISON