

P21000090990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

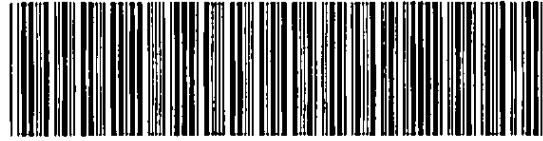
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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2021 OCT 19 10:2:10

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OCT 20 2021

October 4, 2021

Department of State

Division of Corporations

The Centry of Tallahassee

2415 N Monroe St Ste 810

Tallahassee, FL 32303

Reference Cathy Carr PA Florida Document P20000081754

Dear Department:

It has come to my attention that my corporation has become administratively dissolved due to non payment of annual report.

At this time I would request that you release my Florida Document P20000081754 for my corporation Cathy Carr PA.

I am also enclosing new articles that I would request you would file on my behalf at this time.

Thanking you for your attention to these matters.

Sincerely,

A handwritten signature in cursive script that reads "Cathy Carr". The signature is written in black ink and is positioned below the word "Sincerely,".

Cathy Carr, President

2021 OCT 19 PM 2:46

## COVER LETTER

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

SUBJECT: Cathy CARR PA  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Cathy CARR  
Name (Printed or typed)

15060 Tamarind Cay Court Apt 807  
Address

Fort Myers FL 33908  
City, State & Zip

239-851-7355  
Daytime Telephone number

CCARRSunbelt@msn.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: Cathy Carr PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
15060 TAMARIND CAY CT  
APT 807  
FT MYERS FL 33908

Mailing address, if different is:

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any And all Lawful business  
Pertaining to Real Estate Agent

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares @ \$1.00 par value per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cathy Carr, President Name and Title: \_\_\_\_\_

Address 15060 Tamarind Cay CT Address: \_\_\_\_\_  
APT. 807  
FT MYERS FL 33908

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: Cathy Carr

Address: 15060 Tamarind Cay Ct Apt 807  
Fort Myers, FL 33908

**ARTICLE VII INCORPORATOR**

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

Name: Cathy Carr

Address: 15060 Tamarind Cay Ct Apt 807  
FT Myers, FL 33908

**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:*

x Cathy Carr  
Required Signature/Registered Agent

x 10/10/2021  
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.*

x Cathy Carr  
Required Signature/Incorporator

x 10/10/2021  
Date