

# P24000067604

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH, WEST PALM  
Account Number : I19990000010  
Phone : (561)832-3300  
Fax Number : (561)655-1109

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: DRCARLSON@MSDATC.COM

FLORIDA PROFIT/NON PROFIT CORPORATION  
CARLSON NEW VENTURES, INC.

Certificate of Status	1
Certified Copy	0
Page Count	049
Estimated Charge	\$78.75

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Corporate Filing Menu

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## COVER LETTER

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

SUBJECT: CARLSON NEW VENTURES, 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: JENNIFER A. WATKINS, ACP, FRP  
Name (Printed or typed)

C/O NELSON MULLINS, 251 ROYAL PALM WAY, SUITE 215  
Address

PALM BEACH FL 33480  
City, State & Zip

561-659-8863  
Daytime Telephone number

DRCARLSON@MSDATC.COM  
E-mail address: (to be used for future annual report notification)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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

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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: CARLSON NEW VENTURES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

126 SEGOVIA WAY

JUPITER FL 33458

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDI CARLSON, PRESIDENT Name and Title: \_\_\_\_\_

Address: 126 SEGOVIA WAY Address: \_\_\_\_\_

JUPITER, FL 33458 \_\_\_\_\_

Name and Title: MICHAEL CARLSON, SECRETARY Name and Title: \_\_\_\_\_

Address: 126 SEGOVIA WAY Address: \_\_\_\_\_

JUPITER, FL 33458 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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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: SANDI CARLSON  
 Address: 126 SEGOVIA WAY  
 JUPITER FL 33458

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: JOHN J. RAYMOND, JR.  
 Address: 251 ROYAL PALM WAY SUITE 215  
 PALM BEACH FL 33480

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 TALLAHASSEE, FLORIDA

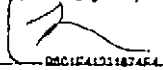
**ARTICLE VIII EFFECTIVE DATE:**

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 qualified with and accept the appointment as registered agent and agree to act in this capacity

  
 Required Signature/Registered Agent

10.31.24

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

10.31.24

Date

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