# TRANSMITTAL LETTER

# 49900021267

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

SUBJECT:	Carin Cros	by & Associates, 1	inc.		
	(Proposed corporate name - must include suffix)				
Enclosed is an origin	al and one(1) copy of the arti		0000279762 -03/08/9901081 *****70.00 *** check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status		

	FROM:	William J. Roberts	A co	တ္	
RECEIVED 9 MAR -8 PM 1: 00	_	Name (Printed or typed)	EURI LAI	99 MAR	
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		Daytime Telephone number			

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

Carin Crosby & Associates, Inc.

## PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

39 Barton Avenue Rockledge, FL 32955

### <u>ARTICLE III</u> SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 shares at \$1 par value

## <u>INITIAL REGISTERED AGENT AND STREET ADDRESS</u>

The name and Florida street address of the initial registered agent are:

Carin Crosby 39 Barton Avenue Rockledge, FL 32955

### <u>ARTICLE</u> V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Carin Crosby 39 Barton Avenue Rockledge, FL 32955

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent