

APR 25 2014 16:55:20 From: To: 850617938 (1/3)
 Division of Corporations Page 1 of 1
PH4000037231

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 : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (850)222-1092
 Fax Number : (850)878-5368

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

Email Address: _____

RECEIVED
 14 APR 25 PM 5:00
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION
1043 Flagler, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help

Handwritten signature and date: 4/28

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME 1043 Flagler, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
4300 Six Forks Road, Mail Code FCC22
Raleigh, NC 27609

Mailing address, if different is
PO Box 27131, Mail Code RWN10
Raleigh, NC 27611

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ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To engage in any lawful business.

ARTICLE IV SHARES 100,000
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: N/A Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

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Name and Title: _____
Address _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Matthew A. Cordell
Address: Post Office Box 867
New Bern, NC 28563-0867

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

Lonnie Buzan
Required Signature/Registered Agent

April 25, 2014
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.

Matthew A. Cordell
Required Signature/Incorporator

25 April 2014
Date