

F120000004539

(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



300241516953

300241516953
11/07/12--01023--001 **87.50

FILED
12 NOV - 7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

md 11/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Riverside Net Company Incorporated
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

William G. Sporlock
Name of Person

Riverside Net Company Incorporated
Firm/Company

58 E Main St. #6B
Address

Apopka, FL 32703
City/State and Zip code

WGSporlock@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William G. Sporlock at (407) 903-5991
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Riverside Net Company Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

FILED
12 NOV - 7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Arkansas 3. 71-0777522
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. June 8, 1995 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6.
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 58 E. Main St. #6B Apopka, FL 32703
(Principal office address)

58 E Main St #6B Apopka, FL 32703
(Current mailing address)

8. Manufacturing & Sales
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: William G. Spurlock

Office Address: 58 E. Main St. #6B

Apopka, Florida 32703
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative 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's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

FILED
12 NOV - 7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. OFFICERS

President: William G. Sporlock

Address: 58 E. Main St. #6 B Apopka, FL 32703

Vice President: C. Howard Percer

Address: 230 Cooper West Memphis AR 72301


Secretary: Sherry Ladd

Address: 1500 Hwy 18E Lake City, AR 72437

Treasurer: Courtney L Sporlock

Address: 58 E Main St. #6 B Apopka, FL 32703

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. William G. Sporlock President
(Typed or printed name and capacity of person signing application)



**Arkansas Secretary of State
Mark Martin**

State Capitol Building ♦ Little Rock, Arkansas 72201-1094 ♦ 501-682-3409

FILED
12 NOV - 7 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Certificate of Good Standing

I, Mark Martin, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

RIVERSIDE NET COMPANY INCORPORATED

authorized to transact business in the State of Arkansas as a For Profit Corporation, filed Articles of Incorporation in this office June 8, 1995.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 28th day of September 2012.

Mark Martin

Mark Martin

Secretary of State

Online Certificate Authorization Code: eca93bfab76c976

To verify the Authorization Code, visit sos.arkansas.gov