

PO3000018533

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

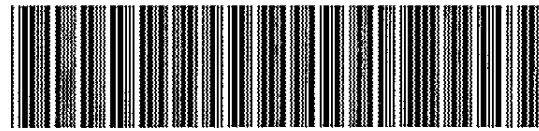
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: CASH CARRY SURPLUS business supplies corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

GARY S ASHTON
Name (Printed or typed)

372 Cyclone Drive
Address

Ft Pierce FL 34945
City, State & Zip

772-461-3999
Daytime Telephone number

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:

Cash & Carry Surplus Building Supplies, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

718 Farmers Market Road
Fort Pierce, FL 34982**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit

ARTICLE IV SHARES

The number of shares of stock is:

thousand shares 1,000.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

GARY S ASHTON
372 Cyclone Drive
Ft Pierce FLA 34945**ARTICLE VI REGISTERED AGENT**

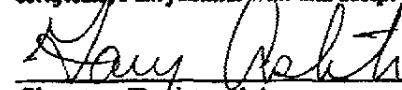
The name and Florida street address registered agent is:

GARY S ASHTON
372 Cyclone Drive
Ft Pierce FLA 34945**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

GARY S ASHTON
372 Cyclone Drive
Ft Pierce FLA 34945

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



Signature/Registered Agent

Date



Signature/Incorporator

2-4-03

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA