P03888745

(Requestor's Name)				
(Ad	ldress)			
•	•			
	·			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	· #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nam	ie)		
ı				
(Document Number)				
Certified Copies	Certificates	of Status		
	·			
Special Instructions to	Filing Officer:	ļ		
		j		
		Ì		
]		
		Į		

Office Use Only



700021513097

07/23/03--01051--007 **78.75

N3 AUG 13 PM 2: 04



TRANSMITTAL LETTER

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

SUBJECT:	THE KIVER INC	·				
	(Proposed corpora	ate name - must include suff	īx)			
	,					
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	□\$122.50 Filing Fee & Certified Copy	S131.25 Filing Fee, Certified Copy & Certificate			
		ADDITIONAL CO	PY REQUIRED			
FROM: MATHEW W. ANDERSON Name (Printed or typed)						
419 SE 31RST TERK Address						
	CAPE CORAL S	FL 33904 State & Zip	-			
239 - 821 - 2323 Davtime Telephone number						



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

July 30, 2003

MATHEW W. ANDERSON 419 SE 31ST TERR. CAPE CORAL, FL 33904

SUBJECT: THE RIVER INC. Ref. Number: W03000021544

We have received your document for THE RIVER INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Wanda Cunningham Document Specialist New Filings Section

Letter Number: 203A00044072

03 AUG | 3 AM | 11: 09 SECPLETA FOR STATE

CLES OF INCORPORATION

NAME

CLE I

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

me of the corporation shall be:	HE KIVER INOM	(An PEN TV
THE RIVER INC.	7,01	INC.
OLE II PRINCIPAL OFFICE ncipal place of business and mailing address of this corps 4/9 5E 31 KST TERR CAPE CORAL, FL 33984	oration shall be: PHONK# 239-E	321-2323
CLE III SHARES		
mber of shares of stock that this corporation is authorized	f to have outstanding at any one time is:	
DNE HUNDRED SHARES AT ON	E PollER EACH	
LE IV INITIAL REGISTERED AGENT A	ND STREET ADDRESS	S 34
MATHEW W. ANDERSON		
419 SE BIRST TEVE		
CLE V INCORPORATOR		3 PM
ne and address of the incorporator to these Articles of I	ncorporation are:	STATE PRATION
MATHEW W. ANDERSON		유 호텔
419 SE 31 KST TEKK		r.A
CAPE CORAL, FL 33904		
Mandelin	7-16-03	
Signature/Incorporator	Date	

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

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

Signature/Registered Agent

Date