

PO4000037794

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/16/04--01032--004 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE
04 FEB 26 PM 12:39

way-7244
TS03/01/04

TRANSMITTAL LETTER

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

SUBJECT: Four Rivers Supply, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Pamela Daniel
Name (Printed or typed)

P.O. Box 1843
Address

Tarpon Springs, FL. 34688-1843
City, State & Zip

727-688-8407
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

February 19, 2004

PAMELA DANIEL
P.O. BOX 1843
TARPON SPRINGS, FL 34688-1843

SUBJECT: FOUR RIVERS SUPPLY, INC.
Ref. Number: W04000007244

We have received your document for FOUR RIVERS SUPPLY, 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):

You must list the corporation's principal office and/or a mailing address in the document.

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) 245-6927.

Tracy Smith
Document Specialist
New Filings Section

Letter Number: 704A00011505

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:

Four Rivers Supply, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1843
Tarpon Springs, FL. 34688-1843

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

New business

ARTICLE IV SHARES

The number of shares of stock is:

100,000.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Pamela Daniel
4029 Auston Way
Palm Harbor, FL. 34685

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Pamela Daniel
4029 Auston Way
Palm Harbor, FL. 34685

ARTICLE VII INCORPORATOR

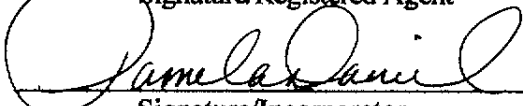
The name and address of the Incorporator is:

Pamela Daniel
4029 Auston Way
Palm Harbor, FL. 34685

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

2-10-04
Date


Signature/Incorporator

2-10-04
Date

04 FEB 26 PM 12:39

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS