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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/16/04
11/16/04

TRANSMITTAL LETTER

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

SUBJECT: RJS Distributing, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Robert J. Sullivan
Name (Printed or typed)

14227 Sorrel Street
Address

Brooksville, FL 34614
City, State & Zip

352-754-8521
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:

RJS Distributing, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

14227 Sorrel Street
Brooksville, FL 34614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation shall engage in any and all activity or business permitted under the laws of the United States and of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares common stock \$1.00 par value per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert J. Sullivan Director, President, Secretary, Treasurer
14227 Sorrel Street
Brooksville, FL 34614

ARTICLE VI REGISTERED AGENT

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

Robert J. Sullivan
14227 Sorrel Street
Brooksville, FL 34614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert J. Sullivan
14227 Sorrel Street
Brooksville, FL 34614

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

Robert J. Sullivan Robert J. Sullivan 11/5/04
Signature/Registered Agent Date

Robert J. Sullivan Robert J. Sullivan 11/5/04
Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA