## P07000106200

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
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## **COVER LETTER**

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

SUBJECT: Merit Si	apply Co.  DRATE NAME - MUST INCLUDE SUFFIX)		
(PROPOSED CORPO	DRATE NAME – <u>MUST INCLUDE SUFFIX</u> )		
Enclosed are an original and one (1) copy of the	articles of incorporation and a check for:		
<b>\$70.00 \$78.75</b>	\$78.75 \$87.50		
Filing Fee Filing Fee & Certificate of Status	Filing Fee Filing Fee, & Certified Copy Certified Copy		
as continued of Suntage	& Certificate of		
	Status ADDITIONAL COPY REQUIRED		
	TODITION A COLL MEQUINED		
FROM: Kimberly 5. Bryan Name (Printed or typed)			
Name (Printed or typed)			
11670 Thor	napple Dr.		
_	Address #		
Jacksonvill	1, FL 32223 Sity, State & Zip		
A-11	ny, sano at zap		
904-487-4675 Daytime Telephone number			

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2007

KIMBERLY S. BRYAN 11670 THORNAPPLE DR. JACKSONVILLE, FL 32223

SUBJECT: MERIT SUPPLY CO. Ref. Number: W07000045392

Merit Supply of NE FL, elnc.

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

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 corrected 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) 245-6047.

Carolyn Lewis Document Specialist New Filing Section

Letter Number: 807A00054307

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:			
Merit Supply of Northeast Florida, Inc.			
ARTICLE II PRINCIPAL OFFICE			
The principal place of business/mailing address is: 11470 Thornapple Dr.			
Jacksonville, FL 32223			
ADMINI DE DE DECENIO			
The purpose for which the corporation is organized is:			
The purpose for which the corporation is organized is: material Supply company			
<b>J</b>			
ARTICLE IV SHARES			
The number of shares of stock is:			
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS			
List name(s), address(es) and specific title(s):			
Kimberly S. Bryan - Pres/VP/ Secy/Treas. 11470 Thornapple Dr.			
11470 Thornapple Dr.			
Nacl Convilla II acom			
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:			
Kimberly S. Bryan			
Jacksonville, FL 32223			
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:			
Kingsharder S. Bruan			
Kimberly S. Bryan 11670 Thornapple Dr.			
Jacksonville, FL 32223			
***************************************			
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, [am familiar with and accept the appointment as registered agent and agree to act in this capacity			
Kind 1 SR			
Signature/Registered Agent Kimberly S. Bryan Date			
Signature/Registered Agent Date			
(1 MW DINUI ). MWW -1-07			