

PO 7000115481

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000110789120

10/19/07--01040--012 **70.00

FILED
07 OCT 19 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/22

COVER LETTER

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

SUBJECT: Instant Wellspring, 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: Arnold Rivers

Name (Printed or typed)

3333 Monument Road Suite 609

Address

Jacksonville, FL 32225

City, State & Zip

904-993-1010

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:

Instant Wellspring, Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3333 Monument Road Suite 609 Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Business Management

ARTICLE IV SHARES

The number of shares of stock is:

75,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Arnold Rivers - President	3333 Monument Road Suite 609 Jacksonville, FL 32225
Arnold Rivers - Director	3333 Monument Road Suite 609 Jacksonville, FL 32225
Felicia Stephenson - Secretary	3333 Monument Road Suite 609 Jacksonville, FL 32225
Arnold Rivers - Treasurer	3333 Monument Road Suite 609 Jacksonville, FL 32225

ARTICLE VI REGISTERED AGENT

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

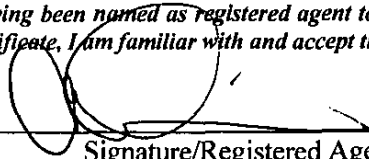
Arnold Rivers 3333 Monument Road Suite 609 Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Arnold Rivers - President 3333 Monument Road Suite 609 Jacksonville, FL 32225

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

ARNOLD RIVERS

Signature/Incorporator

FILED
07 OCT 19 PM 3:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/15/2007

Date

10/15/2007

Date