

P07006120394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

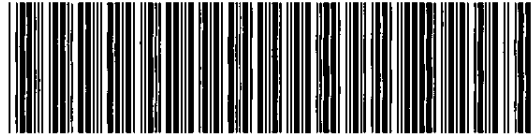
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2007

FAMILY FUELS INC. DBA RIDGE BP
3109 GREYNOLDS AVE
SPRING HILL, FL 34608

SUBJECT: FAMILY FUELS INC. DBA RIDGE BP
Ref. Number: W07000050083

We have received your document for FAMILY FUELS INC. DBA RIDGE BP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
New Filing Section

Letter Number: 007A00059468

COVER LETTER

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

SUBJECT: Family Fuels 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: Maria A Stagnitta

Name (Printed or typed)

3109 Greynolds Avenue

Address

Spring Hill, FL 34608

City, State & Zip

352-686-8542

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:

Family Fuels Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
8341 Ridge Road
Port Richey,FL 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To purchase and operate convenience store/gas station

ARTICLE IV SHARES

The number of shares of stock is:
100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Maria A. Stagnitta, President/Director
3109 Greynolds Avenue
Spring Hill, FL 34608

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

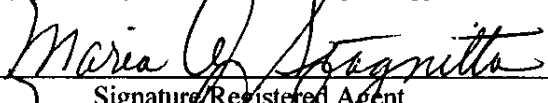
Maria A. Stagnitta
3109 Greynolds Avenue
Spring Hill, FL 34608

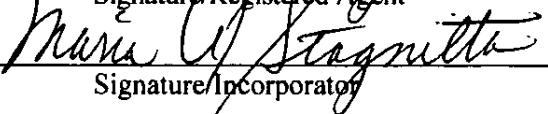
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:


Maria A. Stagnitta
3109 Greynolds Avenue
Spring Hill, FL 34608

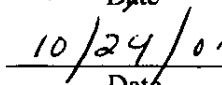
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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