

PO9 000014274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

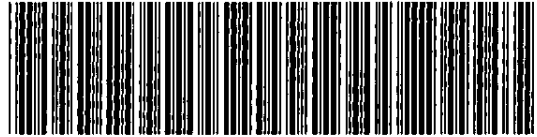
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200142058412

200142058412
01/29/09--01025--001 **78.75

FILED
09 FEB 15 AM 8:36
FEB 15 2009
FEB 15 2009

RS

COVER LETTER

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

SUBJECT: Riverside Insurance, 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

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Lawrence C. Craven

Name (Printed or typed)

2131 Post Street

Address

Jacksonville FL 32204

City, State & Zip

904-514-4717

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 30, 2009

LAWRENCE C CRAVEN
2131 POST STREET
JACKSONVILLE, FL 32204

SUBJECT: RIVERSIDE INSURANCE, INC.
Ref. Number: W09000004767

We have received your document for RIVERSIDE INSURANCE, 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):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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) 245-6052.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 709A00003523

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:

Riverside Insurance, Inc .

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2131 Post St.
JACKSONVILLE, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Insurance Sales

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lawrence C. Craven President

Gunilla Craven VP

ARTICLE VI REGISTERED AGENT

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

Lawrence C. Craven 2131 Post St. Jacksonville FL 32204

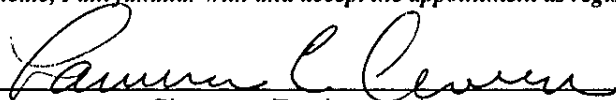
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LAWRENCE C. CRAVEN

~~Riverside Insurance, Inc~~ 2131 Post St. Jacksonville, FL 32204

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

1/27/2009

Date

1/27/09

Date

09 FEB 16 AM 8:37

FILED