## P09000047776

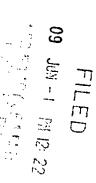
(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to	Eiling Officer		
		}	

Office Use Only



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## **COVER LETTER**

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

SUBJECT:	Tripod, Inc.		
	KPROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	d a check for:
	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status
FROM:	Shelby Mat	Printed or typed)	
	163 Floreng	ce Drive	
	Jupiter, Fl	_ 33458 State & Zip	
	561-694.	- 2789 elephone number	<del></del>

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



May 5, 2009

SHELBY MAHAN 163 FLORENCE DRIVE JUPITER, FL 33458

SUBJECT: TRIPOD, INC. Ref. Number: W09000020940

We have received your document for TRIPOD, 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):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business 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.

Letter Number: 809A00015062

Paisley A Alford Clerk New Filing Section

Division of Corporations - P.O. BOX 6327 - Tallahasson, Florida 32314

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)
ARTICLE I NAME  The name of the corporation shall be: Tripod, Inc.  ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  163 Florence Dr., Jupiter, FL 33458
ARTICLE II PRINCIPAL OFFICE
The principal street address and mailing address, if different is:
163 Florence Dr., Jupiter, FL 33458
ARTICLE III PURPOSE  The number for which the comparation is exceptived in
The purpose for which the corporation is organized is:
Business ventures.
ARTICLE IV SHARES The number of shares of stock is: 20
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
some 163 Florence Dr.
Michael S. Mahan Shelby B. Mahan  Same 163 Florence Dr.  Same 163 Florence Dr.  Same Jupiter, Fl. 33458  President Secretary V. P. / Treasurer
ARTICLE VI REGISTERED AGENT
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is:
Shelby Mahan Sarrie 163 Florence Dr. Jupiter, FL 33458 ARTICLE VII INCORPORATOR
ARTICLE VII INCORPORATOR
The <u>name and address</u> of the Incorporator is:
The By Wat 163 Florence Dr.
Shelby Mahan Sorre 163 Florence Dr. Jupiter, FL 33458.
**************************************
certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity
Shelby Mahan 4/23/09
Signature/Registered Agent Date
- Stulby / Kehan 4/23/09
Signature/Incorporator Daté

**ARTICLES OF INCORPORATION**