

P09000004776

(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



400154350074

05/01/09--01015--023 **78.75

FILED

09

JUN - 1 PM 12:22

[Handwritten signature]

COVER LETTER

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

SUBJECT: _____

Tripod, 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: _____

Shelby Mahan

Name (Printed or typed)

163 Florence Drive

Address

Jupiter, FL 33458

City, State & Zip

561-694-2789

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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 signed 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.

Paisley A Alford
Clerk
New Filing Section

Letter Number: 809A00015062

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: Tripod, Inc.

ARTICLE II PRINCIPAL OFFICE

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

163 Florence Dr., Jupiter, FL 33458

ARTICLE III PURPOSE

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):

Michael S. Mahan
~~same~~ 163 Florence Dr.
Jupiter, FL 33458
President/Secretary

Shelby B. Mahan
~~same~~ 163 Florence Dr.
Jupiter, FL 33458
V.P. /Treasurer

ARTICLE VI REGISTERED AGENT

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

Shelby Mahan
~~same~~ 163 Florence Dr.
Jupiter, FL 33458

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelby Mahan
~~same~~ 163 Florence Dr.
Jupiter, FL 33458.

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

Shelby Mahan

Signature/Registered Agent

Shelby Mahan

Signature/Incorporator

4/23/09

Date

4/23/09

Date

FILED
JUN - 1 PM 12:23
09