# P110000041487

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#### **COVER LETTER**

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

SUBJECT:	TREASURE COAST FARRIER SUPPLY, INC. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)								
	(PROPOSED CORPOR	ATE NAME – <u>MUST INC</u>	LUDE SUFFIX)						
Enclosed are an o	riginal and one (1) copy of the ar	ticles of incorporation ar	nd 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 OPY REQUIRED						
		ADDITIONAL C	——————						
FROM: _	Lacry D. Murrell, Jr Nam	e (Printed or typed)							
West Palm Beach, FL 33401  City, State & Zip									
					_	(561) 686-2700  Daytime Telephone number			
					_	1dmpa@bellsouth.net E-mail address: (to be use	d for future annual report	notification)	

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

# APPROVEL AND FILED

# ARTICLES OF INCORPORATION OF 11 APR 28 AMII: 27 TREASURE COAST FARRIER SUPPLY, INC.

SECRETARY OF STATE ALLAHASSEE, FLORIDA

#### **ARTICLE I**

The name of the corporation shall be: TREASURE COAST FARRIER SUPPLY, INC.

#### **ARTICLE II**

Principle street address 6454 N.W. Frenze Street, Port St. Lucie, Florida 34986.

#### **ARTICLE III**

The purpose for which the corporation is organized is retail and wholesale sales.

# **ARTICLE IV**

The number of shares of stock is 15.

# ARTICLE V

The president is Sarah Murrell, 6454 N.W. Frenze Street, Port St. Lucie, Florida 34986.

# **ARTICLE VI**

The registered agent is Larry Donald Murrell, Jr., 400 Executive Center Drive, Suite 201, West Palm Beach, Florida 33401.

# **ARTICLE VII**

The name and the address of the Incorporator is Larry Donald Murrell, Jr.,

400 Executive Center Drive, Suite 201, West Palm Beach, Florida 33401.

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.

Required Signature/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

Date

SECRETARY OF STATE

