

P/40000069105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

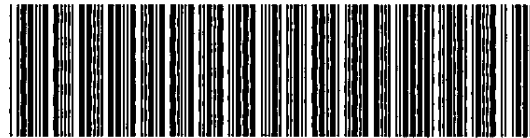
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/13/14--01011--001 **/8.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 AUG 13 PM 1:50

APPROVAL
AND
FILED

COVER LETTER

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

SUBJECT: River Grove Mobile Home Sales Corp.
(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: Troy Douglas
Name (Printed or typed)

3340 Grant Rd
Address

Grant FL 32549
City, State & Zip

772-473-7213
Daytime Telephone number

TDouglas.5@CEL.RR.com
E-mail address: (to be used for future annual report notification)

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: River Grove Mobile Home Sales Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8442 US Hwy 1
Mcco Fl 32976

Mailing address, if different is:

3340 Grant Rd
Grant Fl 32949

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Mobile Home Sales

ARTICLE IV SHARES

The number of shares of stock is: 4

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: C. Steven Douglas Name and Title: _____

Address: (President) Address: _____

4985 US Hwy 1
Grant Fl 32949

Name and Title: Troy S. Douglas Name and Title: _____

Address: (Vice President) Address: _____

3340 Grant Rd
Grant Fl 32949

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

APPROVAL
AND
FILED

(conti.)

14 AUG 13 PM 1:50

Name and Title: _____	Name and Title: _____
Address _____	Address: <u>SECRETARY OF STATE</u>
_____	<u>TALLAHASSEE FLORIDA</u>
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: Troy Douglas
Address: 3340 Grant Rd
Grant FL 32949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Troy Douglas
Address: 3340 Grant Rd
Grant FL 32949

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

8-11-14
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

8-11-14
Date