

P17000065646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

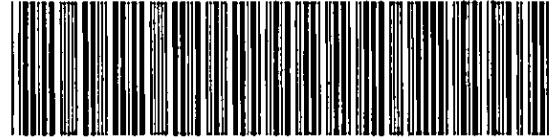
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/03/17--01013--004 \*\*70.00

FILED  
17 AUG -3 PM 12:08  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

EFFECTIVE DATE 07/31/17

08/04/17

Florida Division of Corporations

Fax: 850-245-6804  
L17000026782

Entity Name: 455 Supply, LLC  
Document # L17000026782

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RECEIVED STATE  
FACILITY FLORIDA

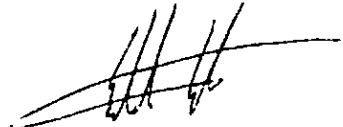
Dear Sir or Madam:

This is to verify that Edward Eldridge will not revoke and has no future intentions of revoking the voluntary dissolution of the prior entity 455 Supply, LLC

This letter is also to request that 455 Supply, Inc. be processed upon submission.

STATE OF FLORIDA

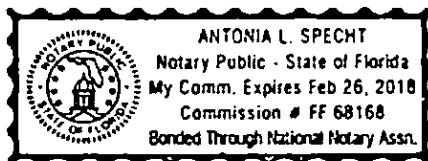
COUNTY OF LAKE

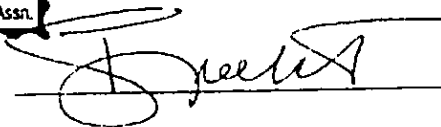
  
EDWARD ELDRIDGE

The foregoing instrument was acknowledged before me this 24<sup>th</sup> day of JULY, 2017

By EDWARD ELDRIDGE who is personally known to

Me or produced \_\_\_\_\_ as identification.





## COVER LETTER

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

**SUBJECT:** 455 Supply, 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:** Edward Eldridge

\_\_\_\_\_  
Name (Printed or typed)

PO Box 560033

\_\_\_\_\_  
Address

Montverde, FL 34756

\_\_\_\_\_  
City, State & Zip

407-467-8301

\_\_\_\_\_  
Daytime Telephone number

eddie@455supply.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: 455 Supply, Inc.

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

17426 CR 455

PO Box 560033

Montverde, FL 34756

Montverde, FL 34756

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business.

17 AUG -3 PM 12:08  
NOT PUBLIC - UNFILED

### ARTICLE IV SHARES

The number of shares of stock is: 1000

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edward Eldridge, President

Name and Title: \_\_\_\_\_

Address Po Box 560033

Address: \_\_\_\_\_

Montverde, FL 34756

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Edward Eldridge \_\_\_\_\_

Address: 17426 CR 455 \_\_\_\_\_

Montverde, FL 34756 \_\_\_\_\_

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Assured Accounting, Inc./James Rowe, CPA \_\_\_\_\_

Address: 990 W. Hwy 50, Suite 102 \_\_\_\_\_

Clermont, FL 34711 \_\_\_\_\_

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

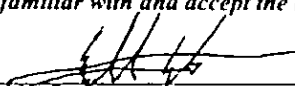
**ARTICLE VIII EFFECTIVE DATE:** 07/31/2017

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

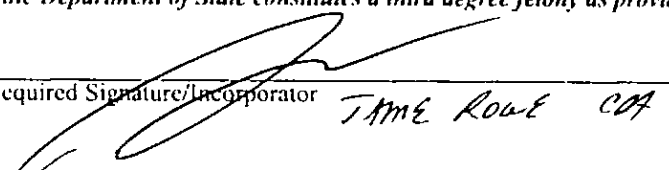
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
EDWARD ELDRIDGE Required Signature/Registered Agent

07/31/2017  
\_\_\_\_\_  
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 JAMES ROWE CPA

07/31/2017  
\_\_\_\_\_  
Date