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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

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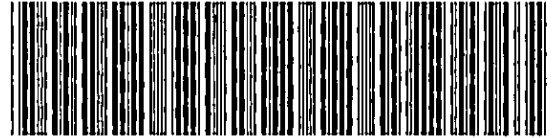
(Business Entity Name)

(Document Number)

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

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W21-14186



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 27, 2021

JOSEPH SOUTHRON  
FOUR RIVERS LAW FIRM  
400 N. ASHLEY DR., STE. 1720  
TAMPA, FL 33602

SUBJECT: FOUR RIVERS LAW FIRM, P.A.  
Ref. Number: W21000141863

We have received your document for FOUR RIVERS LAW FIRM, P.A. and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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.

DANIEL L O'KEEFE  
Regulatory Specialist II

Letter Number: 621A00026223

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Four Rivers Law Firm, P.A.  
Name of Resulting Florida Profit Corporation

The enclosed Articles of Conversion, Articles of Incorporation, and fees are submitted to convert the following eligible entity into a "Florida Profit Corporation" in accordance with ss. 607.11933 & 607.0202, F.S.

Please return all correspondence concerning this matter to:

Joseph Sauthman  
Contact Person

Four Rivers Law Firm  
Firm/Company

400 N. Ashley Dr., Suite 1720  
Address

Tampa, FL 33602  
City, State and Zip Code

joe@fourriverslaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Sauthman at ( 813 ) 773-5105  
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$105.00 Filing Fees ☐ \$113.75 Filing Fees ☐ \$113.75 Filing Fees ☐ \$122.50 Filing Fees,  
and Certificate of Status and Certified Copy Certified Copy, and  
Certificate of Status

**Mailing Address:**

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

**Street Address:**

New Filing Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF CONVERSION  
FOR  
CONVERTING ELIGIBLE ENTITY  
INTO  
FLORIDA PROFIT CORPORATION**

The Articles of Conversion and attached Articles of Incorporation are submitted to convert the following eligible business entity into a Florida Profit Corporation in accordance with ss. 607.11933 & 607.0202, Florida Statutes.

1. The name of the Converting Entity immediately prior to filing the Articles of Conversion is: Four Rivers Law Firm, PLLC.
2. The converting entity is a limited liability company first organized, formed or incorporated under the laws of the state of Florida on July 10, 2015.
3. The name of the Florida Profit Corporation as set forth in the attached Articles of Incorporation is: Four Rivers Law Firm, P.A.
4. This conversion was approved by the eligible converting entity in accordance with this chapter and the laws of its current/organic jurisdiction.
5. If not effective on the date of filing, enter the effective date: October 13, 2021.

Signed this 13<sup>th</sup> day of October, 2021.

**Required Signature for Florida Profit Corporation:**

Signature of Director, Officer, or if Directors or Officers have not been selected, an Incorporator:



Printed Name: Joseph E. Southron

Title: Incorporator

**Required Signature(s) on behalf of Converting Florida partnerships, limited partnerships, and limited liability companies:**

Signature: 

Printed Name:

Title:

Signature: \_\_\_\_\_

Printed Name:

Title:

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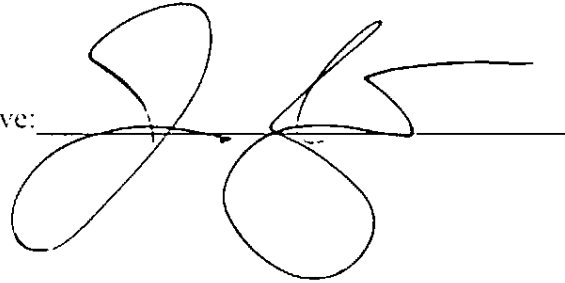
Signature: \_\_\_\_\_

Printed Name:

Title:

**If Florida Limited Liability Company:**

Signature of a Member of Authorized Representative: \_\_\_\_\_

A handwritten signature in black ink, consisting of several loops and a long horizontal stroke at the end, written over a horizontal line.

FORM 10-1-2000

## ARTICLES OF INCORPORATION

### Article I. Name

The name of this Corporation is Four Rivers Law Firm, P.A. (the "Corporation").

### Article II. Effective Date

The effective date is: October 13, 2021.

### Article III. Principal Office

The street address of the principal office of the Corporation is: 400 N. Ashley Drive, Suite 1720, Tampa, FL, 33602.

The mailing address of the principal office of the Corporation is: 400 N. Ashley Drive, Suite 1720, Tampa, FL 33602.

### Article IV. Purpose

The purposes for which the Corporation is organized are as follows:

- (a) To engage in the specific business of the practice of law as a law corporation and to carry on services incident thereto. Such practice of law is the sole and exclusive professional service to be rendered by the Corporation;
- (b) To engage generally in the business of a law corporation as the same is now or hereafter defined by statute, rule and regulation, and in connection therewith to own property, to enter into contracts, and to transact any lawful business related thereto;
- (c) To engage in such other business incidental to the practice of law as a law corporation as may be authorized or permitted by Fla. Stat. § 607.

### Article V. Shares

The total number of shares of stock the Corporation is authorized to issue is 10 million shares [with a par value of \$.00001 per share].

### Article VI. Registered Agent

Its registered office in the state of Florida is to be located at 400 N. Ashley Drive, Suite 1720, in the City of Tampa, County of Hillsborough, Zip Code 33602. The registered agent in charge thereof is Joseph F. Southron.

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**Article VII. Incorporator**

The name and mailing address of the sole incorporator is as follows:

Name: Joseph F. Southron

Mailing Address: 400 N. Ashley Drive, Suite 1720, Tampa, FL 33602.

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.

BY: Registered Agent (Registered Agent)  
NAME: Joseph F. Southron  
DATE: October 13, 2021  
(type or print)



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 Florida Department of State constitutes a third degree felony as provided for in Fla. Stat. § 817.155.

BY: Incorporator (Incorporator)  
NAME: Joseph F. Southron  
DATE: October 13, 2021  
(type or print)



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