

Jun. 15. 2023 2:30PM

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

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Phone : (800)342-9856
Fax Number : (800)354-3381

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA PROFIT/NON PROFIT CORPORATION
FORTH CO., INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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Help

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: FORTH CO., INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1186 EASTWOOD BRANCH DR.

ST. JOHNS, FL 32259

Mailing address, if different is:

1186 EASTWOOD BRANCH DR.

ST. JOHNS, FL 32259

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 200 NPV

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CARL ORTH - PRESIDENT Name and Title: _____

Address: 1186 EASTWOOD BRANCH DR. Address: _____

ST. JOHNS, FL 32259

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: CARL ORTHAddress: 1186 EASTWOOD BRANCH DR.ST. JOHNS, FL 32259ARTICLE VII INCORPORATORThe name and address of the Incorporator is:Name: LAWRENCE A. KIRSCHAddress: 41 STATE STREET, STE 700ALBANY, NY 12207ARTICLE VIII EFFECTIVE DATE:

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*/s/ Carl Orth

Required Signature/Registered Agent

06/15/2023

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.*Lawrence A. Kirsch

Required Signature/Incorporator

06/15/2023

Date

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