

P97000030729
Tripacks, Inc

Requestor's Name

P.O. Box 486

Address **904-482-5059**

MARIANNA, FLA 32447

City/State/Zip

Phone #

Office Use Only

FILED
97 APR - 4 PM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. **Tripacks, Inc**

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
97 APR - 4 PM 12:06
DIVISION OF CORPORATION

ARTICLES OF INCORPORATION
OF
TRIPACKS, INC.

FILED
97 APR -4 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribes to these Articles of Incorporation, a natural person competent to contract, hereby form an S-Corporation under the laws of the State of Florida.

ARTICLE I.

NAME: The name of this corporation is TRIPACKS, INC.

ARTICLE II.

DURATION: This corporation shall exist perpetually commencing on the date of execution of these Articles of Incorporation.

ARTICLE III.

CAPITAL STOCK: This corporation is authorized to issue five hundred (500) shares of one dollar (\$1.00) per value common stock.

ARTICLE IV.

PRE-EMPTIVE RIGHTS: Every shareholder, upon the sale for cash of any new stock of this corporation, of the same kind, class or series, as that which he already holds, shall have the right to purchase his pro rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE V.

PRINCIPAL OFFICE AND AGENT: The street address of the principal office of this corporation is 4736 Highway 90 East (P. O. Box 486), Marianna, Florida, 32446; and the name of the initial registered agent of this corporation is John H. Odom, located at the above address.

ARTICLE VI.

INITIAL BOARD OF DIRECTORS: This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

John H. Odom, 4736 Highway 90 East, Marianna, Florida, 32446.

ARTICLE VII.

INCORPORATOR: The name and address of the person signing these Articles is:

John H. Odom, 4736 Highway 90 East, Marianna, Florida, 32446.

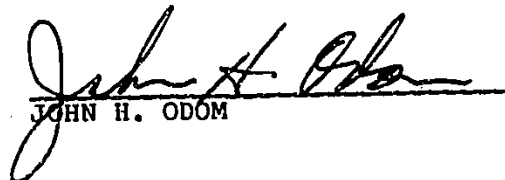
ARTICLE VIII.

INDEMNIFICATION: The corporation shall indemnify its officers, directors and authorized agents for all liabilities incurred directly, indirectly or incidentally to services performed for the Corporation, to the fullest extent permitted under Florida law existing now or hereinafter enacted.

ARTICLE IX.

AMENDMENTS: The corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 4th day of April, A. D., 1997.


JOHN H. ODOM

I understand and accept the duties and responsibilities as registered agent for the above mentioned corporation.


JOHN H. ODOM
Resident Agent

STATE OF FLORIDA
COUNTY OF JACKSON

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared JOHN H. ODOM, known to me, and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed these Articles of Incorporation for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County last aforesaid, this 4th day of April, A. D., 1997.


NOTARY PUBLIC
My Commission Expires:



Carolyn R. Goodwin
MY COMMISSION # CC829900 EXPIRES
January 31, 2000
BOONED THRU TROY FARM INSURANCE, INC.

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97 APR -4 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA