

N110000006398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

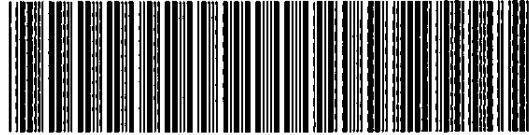
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/05/11--01025--004 **70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JUL -5 PM 2:06

APPROVED
AND
FILED

14

COVER LETTER

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

SUBJECT: GRANDPAS UNITED INC
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: James L. Schorr
Name (Printed or typed)

6646 Oakbrooke
Address

Bradenton, Florida 34202
City, State & Zip

Daytime Telephone number

jim@grandpasunited.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 617, F.S., (Not for Profit)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be:

GRANDPAS UNITED INC.

11 JUL -5 PM 2:06

ARTICLE II PRINCIPAL OFFICE

Principal street address

6646 Oakbrooke
Bradenton FL 34202

Mailing address, if different is:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To educate and organize grand parents to act on current issues affecting their grandchildren

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

Directors are to be appointed by the incorporator

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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:

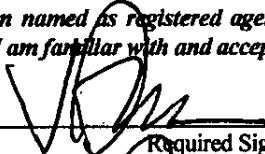
Name: James L. Schorr
Address: 6646 Oakbrooke
Bradenton, FL 34202

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James L. Schorr
Address: 6646 Oakbrooke
Bradenton, FL 34202

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

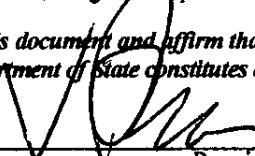


Required Signature of Registered Agent

July 1, 2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

July 1, 2011

Date