

N14000000768

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

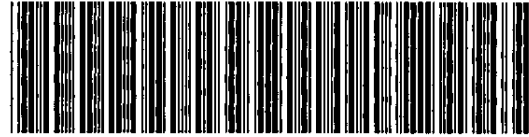
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

~~W14-485~~
~~W13-69418~~

Office Use Only



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12/19/13--01024--006 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2014 JAN 17 AM 7:50

W/H

COVER LETTER

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

SUBJECT: Graced Support Services Incorporated
(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

28. ✓
☒ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Deborah Standberry
Name (Printed or typed)

11321 Silver Key Dr.
Address

Jax, FL 32218
City, State & Zip

904-910-2466
Daytime Telephone number

Standberry13@gmail.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2014

DEBORAH STANDBERRY
11321 SILVER KEY DR
JACKSONVILLE, FL 32218

SUBJECT: TOTAL SERVICES INC.
Ref. Number: W14000000485

We have received your document for TOTAL SERVICES INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please list the COMPLETE city name in its entirety abbreviation are not acceptable (JACKSONVILLE not JAX).

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 214A00000187

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Graced Support Services Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

11321 Silver Key Drive
Jacksonville, Florida
32218

Mailing address, if different is:

11321 Silver Key Drive
Jacksonville, Florida
32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish a non-profit organization that
will bring support to the elderly, special
need, veterans and for any other persons
who are in need of the services we
provide

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

The directors were selected by the president
Deborah Standberry

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Deborah Standberry</u>	<u>President</u>
Address:	<u>11321 Silver Key Drive</u> <u>Jacksonville, Florida</u> <u>32218</u>	
Name and Title:	<u>Harriett Bell</u>	<u>Vice President</u>
Address:	<u>955 Jorick Crt W</u> <u>Jacksonville, Florida</u> <u>32225</u>	
Name and Title:	<u>Dana Standberry</u>	<u>Treasurer</u>
Address:	<u>955 Jorick Crt W</u> <u>Jacksonville, Florida</u> <u>32225</u>	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
2014 JAN 17 AM 7:50

→

Secretary

Name and Title: Tanisha Standberry ~~10/16/13~~

Address

955 Jorick Ct W.
Jacksonville, Florida
32225

Address:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2014 JAN 17 AM 7:50

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:

Deborah Standberry

Address:

11321 Silver Key Dr.
Jacksonville, Florida
32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Deborah Standberry

Address:

11321 Silver Key Dr
Jacksonville, Florida
32218

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:

Deborah Standberry
Required Signature of Registered Agent

1/11/14
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.

Deborah Standberry
Required Signature of Incorporator

1/11/14
Date