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

From: Account Name : LEGALZOOM.COM INC.
Account Number : I20010000062
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****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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SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA PROFIT/NON PROFIT CORPORATION
Grace & Micah Corp.

Certificate of Status	0
Certified Copy	1
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COVER LETTER

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

SUBJECT: Grace & Micah Corp.

(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: Erik Treutlein, Legalzoom.com, Inc.

Name (Printed or typed)

9900 Spectrum Drive

Address

Austin, TX 78717

City, State & Zip

323 962-8600 ext. 9724

Daytime Telephone number

donnelle35@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Grace & Micah Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
13323 tropic egret drive

Jacksonville FL 32224

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Please see attachment

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: The method by
which the directors of the corporation are elected or appointed will be stated in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Donnell Carpenter (P . D)

Address 13323 tropic egret drive
Jacksonville FL 32224

Name and Title: Lisa Kelly Webb-Carpenter (T. D)

Address: 13323 tropic egret drive
Jacksonville FL 32224

Name and Title: Cody Webb (S . D)

Address 13323 tropic egret drive
Jacksonville FL 32224

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

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: Donnell CarpenterAddress: 13323 tropic egret driveJacksonville FL 32224**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Donnell CarpenterAddress: 13323 tropic egret driveJacksonville FL 32224**ARTICLE 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/ Donnell Carpenter

Required Signature of Registered Agent

11/26/2024

Date

Donnell Carpenter

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./S/ Donnell Carpenter

Required Signature of Incorporator

11/26/2024

Date

Donnell Carpenter