

PD2000023002

Executive Offices of Rosa & Associates  
7310 W. McNab Road Suite #209  
Tamarac, FL 33321  
(954) 724-8310

City/State/Zip

Phone #

700005000887--2  
-02/25/02--01060--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Office Use Only

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

1. \_\_\_\_\_  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

FILED  
02 FEB 25 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

- ☐ Walk in ☐ Pick up time ☐ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**OTHER FILINGS**

- ☐ Annual Report  
☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Q WHITE MAR - 1 2002  
Examiner's Initials

5

**ARTICLES OF INCORPORATION**

**OF**

**A&J GRAVES ASSOCIATES, INC.**

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02 FEB 25 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

**A&J GRAVES ASSOCIATES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

**1381 SW 178<sup>th</sup> WAY  
PEMBROKE PINES, FL 33029**

**ARTICLE III CAPITAL STOCK**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100**

**ARTICLE IV INITIAL REGISTERED AGENT**

The name and address of the initial registered agent is:

**RICHARD A. GRAVES  
1381 SW 178<sup>th</sup> WAY  
PEMBROKE PINES, FL 33029**

**ARTICLE V – INCORPORATORS**

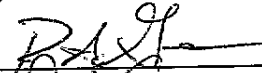

The names and address of the person(s) signed these Articles of Incorporation are as follows:

Name: RICHARD A. GRAVES  
Address: 1381 SW 178<sup>th</sup> WAY  
City: PEMBROKE PINES State: FL Zip: 33029

Name: JOSEPHINE GRAVES  
Address: 1381 SW 178<sup>th</sup> WAY  
City: PEMBROKE PINES State: FL Zip: 33029

Name:  
Address:  
City: State: Zip:

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 7<sup>th</sup> day of FEBRUARY, 2002.

 (Seal)  
 (Seal)  
\_\_\_\_\_ (Seal)


STATE OF FLORIDA) COUNTY OF BROWARD)

Before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

**RICHARD A. GRAVES & JOSEPHINE GRAVES**

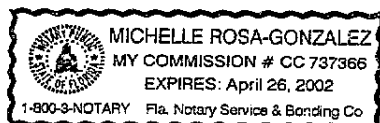
Known to me and known to the be person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before that THEY executed these Articles Of Incorporation.

IN WITNESS WHERE OF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 7<sup>th</sup> day of FEBRUARY, 2002.

  
(Notary Public, State of Florida at large)

(Notary Seal)

My Commission expires: APRIL 26, 2002



**B. Officers:**

**President: RICHARD A. GRAVES**  
**Address: 1381 SW 178<sup>th</sup> WAY**  
**PEMBROKE PINES, FL 33029**

**Vice President:**  
**Address:**

**Secretary: JOSEPHINE GRAVES**  
**Address: 1381 SW 178<sup>th</sup> WAY**  
**PEMBROKE PINES, FL 33029**

**Treasurer:**  
**Address:**


**(If needed, you may attach an addendum to the application listing additional officers and/or directors.)**

**Name and Street address of Florida registered agent:**

**Name: RICHARD A. GRAVES**  
**Office Address: 1381 SW 178<sup>th</sup> WAY**  
**City: PEMBROKE PINES State: FL Zip: 33029**

**Registered agent's acceptance:**

**Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.**

**Registered agent's signature:** 

**Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department Of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.**

  
**(Signature of Chairman, Vice Chairman, or any officer listed in application)**  
**RICHARD A. GRAVES, PRESIDENT**

**(Name and capacity of person signing application)**

**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICER**

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02 FEB 25 AM 10: 04

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: **A&J GRAVES ASSOCIATES, INC.**
2. The name and address of the registered agent and office is:  
**RICHARD A. GRAVES**

(Name)

**1381 SW 178<sup>th</sup> WAY**

(P.O. Box NOT Acceptable)

**PEMBROKE PINES, FL 33029**

(City/State/Zip)

Signature: \_\_\_\_\_



Title: **PRESIDENT**

Date: **FEBRUARY 6, 2002**

Having been named as registered agent and to accept service of process for the above state corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature: \_\_\_\_\_



Date: **FEBRUARY 6, 2002**

**REGISTERED AGENT FILING FEE: \$35.00**