

P02000093480  
TRANSMITTAL LETTER

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

SUBJECT: CECELIA GRACE CONSULTING, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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 of Status  
ADDITIONAL COPY REQUIRED

FROM: CECELIA GRACE  
Name (Printed or typed)

617 SW 9TH AVE  
Address

CAPE CORAL, FLORIDA 33991  
City, State & Zip

(850) 445-4078  
Daytime Telephone number

900007400029--1  
-08/28/02--01050--029  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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

8/28/02

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**

2002 AUG 28 PM 2: 35

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

CECELIA GRACE CONSULTING, INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

617 SW 9TH AVENUE  
CAPE CORAL, FLORIDA 33991

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

BUSINESS CONSULTING

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

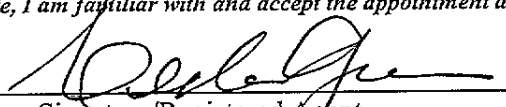
CECELIA GRACE  
617 SW 9TH AVE  
CAPE CORAL, FL 33991

**ARTICLE VII INCORPORATOR**

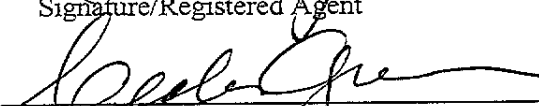
The name and address of the Incorporator is:

CECELIA GRACE  
617 SW 9TH AVE  
CAPE CORAL, FL 33991

\*\*\*\*\*  
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

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date