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SECRETARY OF STATE

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### TRANSMITTAL LETTER

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

SUBJECT:	(proposed corporate name)
Enclosed please fin above corporation a	d an original and one (1) copy of the articles of incorporation for the and check in the amount of \$
FROM:	Name  SETTY SMITH  S5 HADBARVIEW LN #208  Address  City, State, & Zip  (727) 410 4676  Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.



To:

Division of Corporation

Attn:

Alan Crum

Subject:

Groveport, Inc.

Dissolved Corporation effective October 4, 2002

Date:

March 26, 2003

As we discussed, please be advised that the name of Groveport is hereby released. We have no intention of reinstating the former corporation.

If any questions, please call me at (727) 410-4676.

Thank you,

Robert Porter

faxed to (850) 245-6804

## ARTICLES OF INCORPORATION

OF

PROVEPORT INC

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

ARTICLE | NAME

The name of the corporation shall be:

GROVE PORT, INC

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SECRETARY OF STATE
TALLAHASSEF. FLORID

#### ARTICLE II PRINCIPAL OFFICE

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

1400 GULF BLVD SUITE 701 CLEARWATER FL 33767

#### ARTICLE III SHARES

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 AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT PORTER 1400 GULF BLVD #701 CLEARWATER FL 33767

#### ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

BETTY SMITH 55 HARBORNIEW LN #208 BELLEAIR BLUFFS AL 33770

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

Articles of Incorporation Filing Fee - \$35

Signature

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

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:  GROVE PORT, INC.	<u> </u>		
2.	The name and address of the registered agent and office is:	TAL	03	<b>-</b> .
	ROBERT PORTER (NAME)	CRETARY LAHASSE	03 MAR 21	F
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)	OF STATE	PH 4: 16	D
	CLEARWATER FL 33767 (CITY/STATE/ZIP)	j.w.	ຜາ	

Having been named as registered agent and to accept service of process for the above stated 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 provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

SIGNATURE) 3/19/03