

PO 400007742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

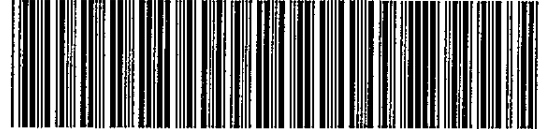
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04 MAY 11 PM 1:43
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TRANSMITTAL LETTER

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

SUBJECT: JOHN GROOM, INC

(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

FROM: JOHN GROOM INC

Name (Printed or typed)
27124 HICKORY HILL RD

Address
BROOKSVILLE, FL 34602

City, State & Zip
813 417-9347 OR 352-428-1152

Daytime Telephone Number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, Hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:
JOHN GROOM, INC.

ARTICLE II PRINCIPAL OFFICE

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

27124 HICKORY HILL RD, BROOKSVILLE, FL 34602

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding
at any one time is: 100 SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:
JOHN GROOM, 27124 HICKORY HILL RD, BROOKSVILLE, FL 34602

ARTICLE V INCORPORATOR


The name and address of the incorporator to these Articles of Incorporation are:

JOHN GROOM, 27124 HICKORY HILL RD, BROOKSVILLE, FL 34602


Signature/Incorporator

5-11-04
Date

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/Registered Agent

5-11-04
Date

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TALLAHASSEE, FLORIDA