P04000 115763

(Pa	annestore Name)		
(Requestor's Name)			
(Ad	idress)		
(Address)			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
Ви	siness Entity Nan	ne)	
(-	··-,	
(Do	cument Number)		
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Certified Copies Certificates of Status			
Special Instructions to	Filing Officer:		
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Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT:	PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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 CO	DPY REQUIRED]
FROM:		ie (Printed or typed)		
	15356 Alexa	Address	<u> </u>	
	Jupiter, Flo	orida 33	478	04 AUG -9
	561,662-	4670		77
	Daytime	Telephone number		2 5

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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
The name of the corporation shall be: Grecky INC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 15356 Alexander & Jupiter, FL 33478	N
ARTICLE III PURPOSE The purpose for which the corporation is organized is: Consulting Respiratory therapy to physic	
ARTICLE IV SHARES The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Amanda Cording Office/ Jeffrey Cording - Off 15356 Alexandel Run Tupiter, FL 33478	ici/
ARTICLE VI REGISTERED AGENT	SUV 40
The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: Jeffrey Cording 15356 Alexander Row Jupiter, FL 33478	3-9 FH 2:
The name and address of the Incorporator is: JEFFREY Cording 15356 Alexandt Run Typter, FL 33478	51
**************************************	********** designated in this
Signature/Registered Agent Signature/Registered Agent S/5/04	
Signature/Incorporator Date	