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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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WHITE JAN 25 2005

TRANSMITTAL LETTER

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

SUBJECT: Graceful Exits, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: William F. Quinn, III

Name (Printed or typed)

PO Box 145

Address

Hobe Sound, FL 33475

City, State & Zip

772-269-8961

Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Graceful Exits, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

PO Box 145, Hobe Sound, FL 33475

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Estate Liquidation Specialists

ARTICLE IV SHARES

The number of shares of stock is:

50 - William F. Quinn, III, 50 - Teresa M. Littman (total shares is 100)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

William F. Quinn, III, President, PO Box 145, Hobe Sound, 33475

Teresa M. Littman, Vice-President, PO Box 145, Hobe Sound, 33475

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

William F. Quinn, III, 6554 SE Sylvan Place, Hobe Sound, FL 33455

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

William F. Quinn, III, PO Box 145, Hobe Sound, FL 33475

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA