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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to I	Filing Officer:	
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	Office Use Or	



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COVER LETTER

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

SUBJECT: R	M Graping Serv (PROPOSED CORPORA	ice the	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>UDE SUFFIX</u>)
Enclosed are an orig	ginal and one (1) copy of the arti	cles of incorporation and	a check for:
S70.00 Filing Fee	Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM:	Robert mc G Name	(Printed or typed)	
	4282 Muhamk	PLACE Address	
	Naples, FL City,	ストリン State & Zip	
	Z 34 - 417 - 42 Daytime To	もと elephone 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: R.M. Graping Service in C

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4282 Mohank Place Haples, FL 34112

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 6-0009

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robert McGowall 4282 Mohank PLACE Naglis, Fl 34112 President

ARTICLE VI REGISTERED AGENT

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

THOMAS G. CANNON 5089 E. TAMIAMI TR. NAPLES FL 34113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Mc GOWALL 4282 MOLANK PLACE NAPLES, FZ 34112

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

Signature/Incorporator KUDEA J. McGoux