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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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COVER LETTER

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

7, O. Box 6327 Tallahassee, FL 323	314			
SUBJECT: <u>Gran</u>	T TELECOMMUNICATIONS, INC. (PROPOSED CORPOR	RATE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original and one (1) copy of the articles of incorporation and a check for.				
X \$70.00 Filing Fee	S78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COR	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	MYRON GRANT Name (P	rinted or typed)		
	7645 BRIAR CLIFF CIRCLE Address			
LAKE WORTH, FL. 33467-7928 City, State & Zip				
954-304-3430 Daytime Telephone number				

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

GRANT TELECOMMUNICATIONS, INC.

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:

GRANT TELECOMMUNICATIONS, INC. <u>ARTICLE II PRINCIPAL OFFICE</u>

The principal place of business/mailing address is:

7645 BRIAR CLIFF CIRCLE LAKE WORTH, FL 33467-7928 ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TELECOMMUNICATIONS SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MYRON GRANT PRESIDENT 7645 BRIAR CLIFF CIRCLE LAKE WORTH, FL. 33467-7928

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: MYRON GRANT
7645 BRIAR CLIFF CIRCLE
LAKE WORTH, FL. 33467-7928

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: MYRON GRANT
7645 BRIAR CLIFF CIRCLE
LAKE WORTH, FL. 33467-7928

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificated ham familiar with and accept the appointment as registered agent and agree to act in this capacity

Figurature Registered Agent

Date Date

