

P06000027430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

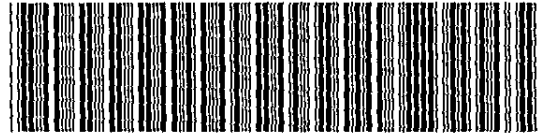
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TALLAHASSEE, FLORIDA

06 FEB 23 PM 3:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T. Burch FEB 23 2008

COVER LETTER

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

SUBJECT: Grant IV Enterprises 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
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 COPY REQUIRED

FROM: William Thomas Grant IV
Name (Printed or typed)

1270 North Jefferson St.
Address

Monticello FL 32344
City, State & Zip

850 528-3470
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:

Grant IV Enterprises Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

1270 North Jefferson St.
Monticello, Fla. 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Conduct Business.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

William T. Grant IV P. CED, T.S.,

ARTICLE VI REGISTERED AGENT

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

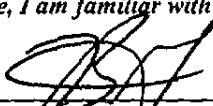
William T. Grant IV
1270 North Jefferson St.
Monticello Fla. 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

William T. Grant IV
1270 North Jefferson St.
Monticello Fla. 32344

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2/23/06

Date

2/23/06

Date