

P07000006877

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

F. Burch JAN 17 2007

## COVER LETTER

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

**SUBJECT:** GROENEVELD SOUTHERN REGIONAL, 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:** N. JOHN STEWART, JR., P.A.  
Name (Printed or typed)

5435 Main Street

Address

New Port Richey, FL 34652

City, State & Zip

727-847-1115

Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION**

ARTICLE I - NAME

**GROENEVELD SOUTHERN REGIONAL, INC.**

ARTICLE II - PRINCIPAL OFFICE

4717 Musselshell Drive  
New Port Richey, FL 34655

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting any and all lawful business for which corporations may be incorporated under the laws of the State of Florida.

ARTICLE IV - SHARES

Ninety-Nine (99)

ARTICLE V - INITIAL OFFICERS AND/OR DIRECTORS

LOUIS E. BARRANCO, JR. PRESIDENT  
4717 Musselshell Drive  
New Port Richey, FL 34655

NANCY K. BARRANCO, VICE PRESIDENT, SECRETARY  
4717 Musselshell Drive  
New Port Richey, FL 34655

ARTICLE VI - REGISTERED AGENT

LOUIS E. BARRANCO, JR.  
4717 Musselshell Drive  
New Port Richey, FL 34655

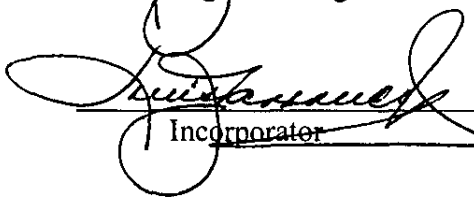
ARTICLE VII - INCORPORATOR

LOUIS E. BARRANCO, JR.  
4717 Musselshell Drive  
New Port Richey, FL 34655

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 the accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Incorporator

  
\_\_\_\_\_  
Date