

**P07000084980**

Florida Department of State  
Division of Corporations  
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**TO:**

Division of Corporations  
Fax Number : (850)205-0381

**From:**

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305)634-3694  
Fax Number : (305)633-9696 ✓

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**grey tide, inc.**

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401000190305

ARTICLES OF INCORPORATION  
OF  
GREY TIDE, INC.

(4)

The undersigned corporation, for the purpose of forming a Corporation under the Florida General Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: **GREY TIDE, INC.** The principal place of business shall be: **854 CONREID DRIVE, PORT CHARLOTTE, FL 33952**

ARTICLE II NATURE OF BUSINESS

The Corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares at \$1.00 per share.

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

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### ARTICLE V OFFICERS DIRECTORS

The name and street address of the initial officers and directors, if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected is (are):

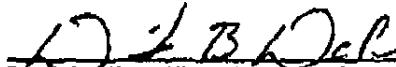
DAVID B DePASS  
*President*  
854 CONREID DRIVE  
PORT CHARLOTTE, FL 33952

### ARTICLE VI INCORPORATOR(S)

The name and street address of the incorporator to these Articles of Incorporation is:

DAVID B DePASS  
854 CONREID DRIVE  
PORT CHARLOTTE, FL 33952

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation this 26 day of JULY, 2007.

  
DAVID B DEPASS, INCORPORATOR

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**CERTIFICATE DESIGNATING  
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered agent/registered office, in the State of Florida.

1. The name of the corporation is: **GREY TIDE, INC.**
2. The name and address of the registered agent and office is:

**DAVID B. DePASS  
854 Conreid Drive  
Port Charlotte, FL 33952**

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISION OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

David B. DePass  
**DAVID B. DePASS, REGISTERED AGENT**

**STATE OF FLORIDA**      )  
                            ) S.S.  
**COUNTY OF BROWARD**    )

THE FORGOING instrument was acknowledged and sworn to before me this    day of July, 2007 by \_\_\_\_\_, at \_\_\_\_\_

**NOTARY PUBLIC, STATE OF FLORIDA  
MY COMMISSION EXPIRES:**

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