

P07000084980

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H07000190305 3)))



H070001903053ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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 ✓

FLORIDA PROFIT/NON PROFIT CORPORATION

grey tide, inc.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

407000190305

(4)

**ARTICLES OF INCORPORATION  
OF  
GREY TIDE, INC.**

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.

407000190305

**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

407000190305

**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:

407000190305