

P08000006128

(Requestor's Name)

(Address)

(Address)

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(Business Entity Name)

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AND
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00 JAN 17 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W08-2880

Bm 1/17/08

COVER LETTER

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

SUBJECT: GRAND ILLUSIONS 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: LYNN BROWNE
Name (Printed or typed)

9426 SAN MATEO WAY
Address

PORT RICHEY FL 34668
City, State & Zip

727-642-1688
Daytime Telephone number

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

ARTICLE VI REGISTERED AGENT

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

LYNN BROWNE
9926 SAN MATEO WAY
PORT RICHEY FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LYNN BROWNE
9926 SAN MATEO WAY
PORT RICHEY FL 34668

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

Lynn Browne
Signature/Registered Agent

1/15/08
Date

Lynn Browne
Signature/Incorporator

1/15/08
Date

08 JAN 17 PM 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED