

P08000025719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

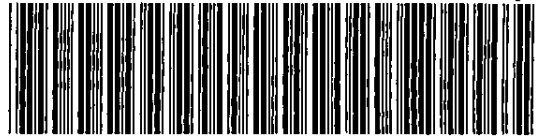
Special Instructions to Filing Officer:

Carol Bravelin GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT Corp. Purpose  
DATE 3/11/08  
DOC. EXAM: cf

Office Use Only

691

W08-10774



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02/28/08--01035--015 \*\*87.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 PM 3:42

cf 3/11/08

**COVER LETTER**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 10 PM 3:42

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

**SUBJECT:** Carol Gravelin, P.A.

(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:** Carol Gravelin

Name (Printed or typed)

5543 Baroque Dr

Address

Holiday FL 34690

City, State & Zip

727-234-0950

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAR 10 PM 3:42

February 29, 2008

CAROL GRAVELIN  
5543 BAROQUE DRIVE  
HOLIDAY, FL 34690

SUBJECT: CAROL GRAVELIN, PA  
Ref..Number: W08000010774

We have received your document for CAROL GRAVELIN, PA and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 408A00012845

RECEIVED  
08 MAR 10 AM 8:00  
DIVISION OF CORPORATIONS

**In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)**

The name of the corporation shall be:

**Carol Gravelin, PA**

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR 10 PM 3:42

The principal place of business/ mailing address is:  
5543 Baroque Dr  
Holiday, FL 34690

The purpose for which the corporation is organized is:

REALTOR/REAL ESTATE

The number of shares of stock is: 100

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

CAROL GRAVELIN  
5543 BAROQUE DR  
HOLIDAY, FL 34690

**ARTICLE VI. REGISTERED AGENT**

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

CAROL GRAVELIN  
5543 BAROQUE DR.  
HOLIDAY, FL 34690

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

CAROL GRAVELIN  
5543 BAROQUE DR  
HOLIDAY, FL 34690

\*\*\*\*\*

*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

02/26/2008  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

2/26/2008  
\_\_\_\_\_  
Date

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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