

P08000029441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

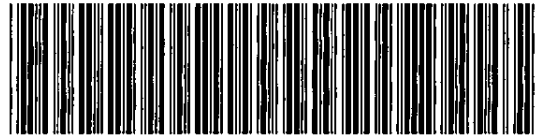
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200120587472

03/19/08--01033--004 **78.75

FILED

08 MAR 19 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VA

COVER LETTER

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

SUBJECT: S L. GRAWT CPA 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: SHARON GRAWT
Name (Printed or typed)

8456 FINCH AVENUE E
Address

JACKSONVILLE, FL 32219
City, State & Zip

(904) 207-5494 904 630-1264
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 19, 2008

SHARON GRANT
8456 FINCH AVENUE E
JACKSONVILLE, FL 32219

SUBJECT: S. L. GRANT, CPA, PA.
Ref. Number: W08000014563

We have received your document for S. L. GRANT, CPA, PA., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 108A00016627

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

S. L. Grant, CPA, PA.

ARTICLE II PRINCIPAL OFFICE

The principle street address and mailing address, if different is:

5910 AVENUE B JACKSONVILLE, FL 32219

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PERFORM ACCOUNTING, BOOKKEEPING AND TAX SERVICES.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHARON GRANT
8456 FINCH AVE E
JACKSONVILLE, FLORIDA 32219

PRESIDENT

ARTICLE VI REGISTERED AGENT

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

SHARON GRANT
8456 FINCH AVENUE E
JACKSONVILLE, FL 32219

ARTICLE VII INCORPORATOR

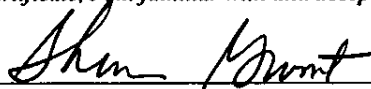
The name and address of the Incorporator is:

SHARON GRANT

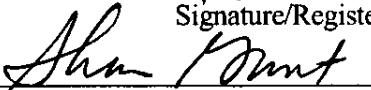
ARTICLE VIII EFFECTIVE DATE

The effective date of the corporation shall be March 12, 2008

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

 SHARON GRANT

Signature/Registered Agent

 SHARON GRANT

Signature/Incorporator

FILED
08 MAR 19 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/12/08

Date

3/12/08

Date