

PO8-000031539

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

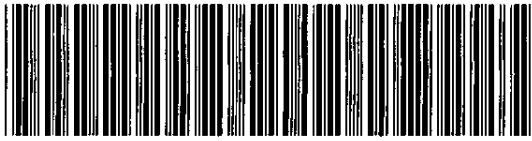
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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08 MAR 26 PM 2:07

EP 3/26/08

## COVER LETTER

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

SUBJECT: Grafft Plumbing Company, 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:

Susan P. Grafft

Name (Printed or typed)

P.O. Box 3714

Address

St. Augustine, Fl. 32085

City, State & Zip

904 824-3139

Daytime Telephone number

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

# **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:

Grafft Plumbing Company, Inc.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

Place: 235 Roaring Brook Drive St Augustine, FL. 32084  
mailing: P.O. Box 3714 St. Augustine, FL. 32085

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

## **ARTICLE IV SHARES**

The number of shares of stock is:

10,000

## **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

President: Jarrell D Grafft  
235 Roaring Brook Dr.  
St. Augustine, FL. 32084

Secretary: Jarrell D. Grafft  
235 Roaring Brook Dr.  
St. Augustine, FL. 32084

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EFFECTIVE DATE 4/1/08

**ARTICLE VI REGISTERED AGENT**

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

Susan P. Graftt  
235 Roaring Brook Dr.  
St. Augustine, Fl. 32084

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

SUSAN P. GRAFTT  
235 Roaring Brook Dr.  
St Augustine, Fl. 32084

\*\*\*\*\*

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

Susan P. Graftt

Signature/Registered Agent

3-25-08

Date

Susan P. Graftt

Signature/Incorporator

3-25-08

Date

**ARTICLE VIII**

Effective Date: April 1, 2008 or before

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