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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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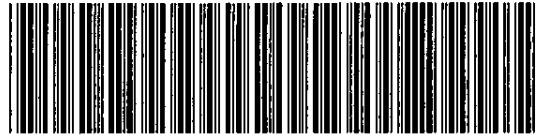
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14

COVER LETTER

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

SUBJECT: GRAFF CONSULTANTS, 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: GRAFF CONSULTANTS, INC.

Name (Printed or typed)

202 N INDIANAPOLIS AVENUE

Address

HERNANDO, FLORIDA 34442

City, State & Zip

352*746-9001

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:

GRAFF CONSULTANTS INC.

ARTICLE II PRINCIPAL OFFICE

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

202 N INDIANAPOLIS AVENUE
HERNANDO, FLORIDA 34442

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PREPARATION OF ACCOUNTING AND TAXATION MATERIAL FOR INDIVIDUALS AND BUSINESSES

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):

CAROL C. GRAFF
202 N INDIANAPOLIS AVENUE
HERNANDO, FLORIDA 34442

ARTICLE VI REGISTERED AGENT

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

CAROL C GRAFF
202 N INDIANAPOLIS AVENUE
HERNANDO, FLORIDA 34442

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CAROL C GRAFF
202 N INDIANAPOLIS AVENUE
HERNANDO, FLORIDA 34442

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

Carol C. Graff
Signature/Registered Agent

3/26/08
Date

Carol C. Graff
Signature/Incorporator

3/26/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA