

PD8000082482

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 9/8

COVER LETTER

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

SUBJECT: GARFIELD ROAD VENTURES, 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: CHRISTOPHER HARKINS
Name (Printed or typed)

20077 BARK NINE DRIVE
Address

BOCA RATON, FL 33498
City, State & Zip

561 302 8836
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:

GARFIELD ROAD VENTURES, INC

ARTICLE II PRINCIPAL OFFICE

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

20077 BACK NINE
BOCA RATON, FLORIDA 334

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

INVESTMENTS

ARTICLE IV SHARES

The number of shares of stock is:

ONE HUNDRED (100) SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CHRISTOPHER T. HARKINS, PRESIDENT / DIRECTOR
20077 BACK NINE DRIVE
BOCA RATON, FL 33498

SUSAN L. HARKINS,
20077 BACK NINE
BOCA RATON, FL

ARTICLE VI REGISTERED AGENT

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

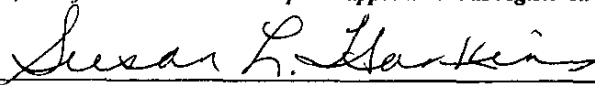
SUSAN HARKINS
20077 BACK NINE DRIVE
BOCA RATON, FLORIDA 33498

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

CHRISTOPHER T. HARKINS
20077 BACK NINE DRIVE
BOCA RATON, FL 33498

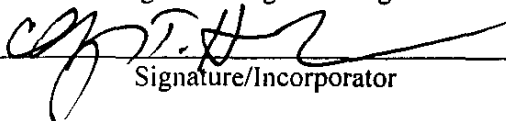
Having been named as registered agent to accept service of process for the above stated corporation at the place designating certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

9-2-2008

Date



Signature/Incorporator

9-2-2008

Date

08 SEP 2008
SECRETARY OF STATE
TALLAHASSEE, FLORIDA