

PO8000109207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

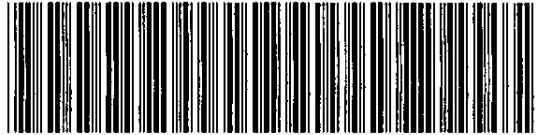
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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08 DEC 15 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EP 12/17/08

COVER LETTER

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

GRACE BIRKETT, INC.

SUBJECT: _____
(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

GRACE BIRKETT

FROM: _____
Name (Printed or typed)

9208 GRAND BLANC DRIVE

Address
SEMINOLE, FLORIDA 33777

City, State & Zip

727-397-0943

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:

GRACE BIRKETT , INC .

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

9208 GRAND BLANC DRIVE
SEMINOLE, FL 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

CERTIFIED REFLEXOLOGIST

ARTICLE IV SHARES

The number of shares of stock is:

100 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name and address of the officer/director is:

GRACE BIRKETT
9208 GRAND BLANC DRIVE
SEMINOLE, FL 33777

ARTICLE VI REGISTERED AGENT

The name and Florida Street address of the registered agent is:

GRACE BIRKETT
9208 GRAND BLANC DRIVE
SEMINOLE, FL 33777

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

GRACE BIRKETT
9208 GRAND BLANC DRIVE
SEMINOLE, FL 33777

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.



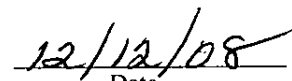
Signature/Registered Agent



Date



Signature/Incorporator



Date

FILED
08 DEC 15 PM 4:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA