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Division of Corporations

APTA CONNECTION

NO. 6008 P. 1/3  
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Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : YOUR CAPITAL CONNECTION, INC.  
Account Number : I200000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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FLORIDA PROFIT/NON PROFIT CORPORATION

Airport Grove Service Inc.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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November 17, 2009

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

YOUR CAPITAL CONNECTION, INC.

SUBJECT: AIRPORT GROVE SERVICE INC.  
REF: W09000050683

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H09000242401  
Letter Number: 909A00035772

**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: **Airport Grove Service Inc.**

**ARTICLE II PRINCIPAL OFFICE**

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

500 Pool Branch Road  
Ft. Meade, FL 33841

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: N/A

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares @\$1.00

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

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

Ronnie Shiver 500 Pool Branch Road Ft. Meade, FL 33841 - Sec  
Sandy Shiver 500 Pool Branch Road Ft. Meade, FL 33841 - Pres  
Annette Crews 605 Pool Branch Road Ft. Meade, FL 33841 - Treas

**ARTICLE VI REGISTERED AGENT**

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

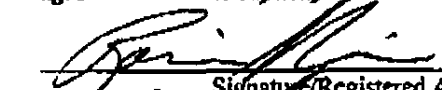
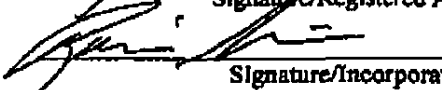
Ronnie Shiver  
500 Pool Branch Road  
Ft. Meade, FL 33841

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ronnie Shiver  
500 Pool Branch Road  
Ft. Meade, FL 33841

\*\*\*\*\*  
*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  
  
\_\_\_\_\_  
Signature/Incorporator

11-13-09  
Date  
11-13-09  
Date

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