

P09000096862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

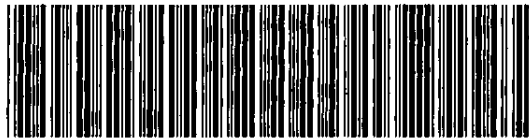
(Document Number)

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12-01-09

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$78.75	<input checked="" type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
<b>ADDITIONAL COPY REQUIRED</b>	

E-mail address: (to be used for future annual report notification)

**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: BRITTANY M GROGAN, INC.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:  
734 FAIRHAVEN DR., NORTH PALM BEACH, FL 33408

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:  
THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSINESS PERMITTED UNDER  
THE LAWS OF THE UNITED STATES AND THE STATE OF FLORIDA.

### **ARTICLE IV      SHARES**

The number of shares of stock is:  
1000 SHARES

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

List name(s), address(es) and specific title(s):  
BRITTANY GROGAN-734 FAIRHAVEN DR., NPB, FL 33408-PRESIDENT

### **ARTICLE VI      REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  
BRITTANY GROGAN-734 FAIRHAVEN DR., NPB, FL 33408

### **ARTICLE VII      INCORPORATOR**

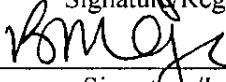
The name and address of the Incorporator is:  
BRITTANY GROGAN-734 FAIRHAVEN DR., NPB, FL 33408

\*\*\*\*\*

*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



\_\_\_\_\_  
Date



\_\_\_\_\_  
Date

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