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> RY OF STATE SEE FLORIDA

MRD 29

COVER LETTER

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

SUBJECT: GRASSI, 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 & Certificate of Status \$78.75 \$87.50 Filing Fee & Certified Copy \$78.75 \$87.50 Filing Fee,				
& Certificate of Status ADDITIONAL COPY REQUIRED				
FROM: Michael NMN Grassi Name (Printed or typed)				
5116 Haltata Court Address				
New Port Richey, FL 34655 City, State & Zip				
727-514-4871 Daytime Telephone number				
SM Gass, At Hotman. Comm 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)

200

Date

ARTICLE I	NAME GRASSI, INC.		ा रेस्कार क्रियास केल
he name of the co	orporation shall be:		10 NOV 23 PM 1:
ARTICLE II	PRINCIPAL OFFICE		SECRETARY OF ST. s, if differ with SSEE FLOR
- 	Principal street address	Mailing addres	s, if differently some of
	5116 Haltata Court	-	mineragit 14.0)
1	New Port Richey, FL 34655		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Any and all la	awful business in the State of Florida.		
ARTICLE IV The number of sha	<u>SHARES</u> wes of stock is: Seven Thousand Five Hul	ndred (7,500)	
	INITIAL OFFICERS AND/OR DIRECTOR		
	itle: Michael NMN Grassi, President, Treasurer		<u></u>
Address:	5116 Haltata Court, New Port Richey, Florida 34655	Address:	
Name and T	itle: Sheila M. Grassi, Vice-President, Secretary	✓ Name and Title:	
Address:	5116 Haltata Court, New Port Richey, Florida 34655		
		-	
Nama and T		Name and Title	
Address:	itle:	Address:	
	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) of		
Name:	Michael NMN Grassi	-	
Address:	5116 Haltata Court New Port Richey, FL 34655	-	
RTICLE VII	INCORPORATOR	-	
	dress of the Incorporator is:		
Name:	Michael NMN Grassi	_	
Address:	5116 Haltata Court	_	
	New Port Richey, FL 34655	_	
	ned as registered agent to accept service of process m familiar with and accept the appointment as regi		
market			11/16/10
,	Required Signature/Registered Agent		Date
submit this docu	ument and affirm that the facts stated herein are	true. I am aware that the false	information submitted in a
	epartment of State constitutes a third degree felony		
			11/16/10

Required Signature/Incorporator