

P110000050549

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

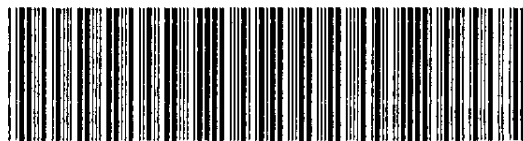
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAY 26 PM 12:04

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86

W110000050549

COVER LETTER

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

SUBJECT: Stephanie L Gray, P.A.
(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: Stephanie L Gray
Name (Printed or typed)

P O Box 2652
Address

Stuart, FL 34995
City, State & Zip

772-263-2888
Daytime Telephone number

stephaniegray1234@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 MAY 26 AM 10:34
DIVISION OF CORPORATIONS

May 12, 2011

STAPHANIE L GRAY
PO BOX 2652
STUART, FL 34995

SUBJECT: STEPHANIE L GRAY, P.A.
Ref. Number: W11000026535

We have received your document for STEPHANIE L GRAY, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box is not acceptable.

Please complete Article(s) I.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6995.

Jessica A Fason
Regulatory Specialist II

Letter Number: 411A00011847

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: **Stephanie L Gray, P.A.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

320 SW Indian Grove Drive
Stuart, FL 34994

Mailing address, if different is:

P.O. Box 2652
Stuart, FL 34995

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Sales & Support Coordination

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stephanie L Gray - President
Address: P O Box 2652
Stuart, FL 34995

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Stephanie L Gray
Address: 320 SW Indian Grove Dr
Stuart, FL 34995

RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

11 MAY 26 PM 12:04

APPROVED

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Stephanie L Gray
Address: P O Box 2652
Stuart, FL 34995

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

Stephanie L Gray
Required Signature/Registered Agent

5-6-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Stephanie L Gray
Required Signature/Incorporator

5-6-11
Date