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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Cry, Claid Liph Tell II)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Special insulations to 1 ming officer.				

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COVER LETTER

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

SUBJECT: Growness Engineering	Inc.		
(PROPOSED CORPORA)	TE NAME – <u>MUST INCLUD</u>	<u>DE SUFFIX</u>)	
Enclosed are an original and one (1) copy of the artic	eles of incorporation and a	check for:	
\$70.00 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL COPY	\$87.50 Filing Fee, Certified Copy & Certificate of Status Y REQUIRED	
FROM: Dennis P. Grones			
Name	(Printed or typed)		
9921 Cypress Shadow A	ve.	TECKE APPLE	A-Land
A	ddress		
Tampa Florida 33647	State & Zip	PH Z:	
City, s	state & Zip	(T)	
850-499-6483			
Daytime Te	lephone number		
dgrones@hotmail.com E-mail address: (to be used	for future annual report not	ification)	

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTÎCLE Î The name of the cor	NAME Growness Engineering reporation shall be:	g Inc.	
ARTICLE II	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
9	921 Cypress Shadow Ave.		
	ampa Florida 33647		
	ampa rionda 330 3 7		
ARTICLE III	PURPOSE hich the corporation is organized is:		
Consulting	non the corporation is organized is:		
ARTICLE IV The number of share			
	INITIAL OFFICERS AND/OR DIRECTO		
	tle: Dennis P. Grones President	Name and Title:	
Address:	9921 Cypress Shadow Ave.	Address:	
	Tampa Florida 33647		
Name and Ti	tle:Mary Evelyn Grones Secretary	Name and Title:	
Address:	9921 Cypress Shadow Ave.	Address:	
	Tampa Florida 33647		
Name and Tit Address:	tle:	Name and Title:Address:	2
	· · · · · · · · · · · · · · · · · · ·		
		-	5 - 5
	REGISTERED AGENT		2
The name and Flor	rida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Dennis P. Grones	_ 	
Address:	9921 Cypress Shadow Ave.		
	Tampa Florida 33647		95 N C
ARTICLE VII	INCORPORATOR		3 =
	ress of the Incorporator is:		. -
Name:	Dennis P. Grones		
Address:	9921 Cypress Shadow Ave.		
	Tampa Florida 33647		•
this certificate, I an	d as registered agent to accept service of proc n familiar with and accept the appointment as r	egistered agent and agree to act	
Donn	Polyme		7-11-11
10,7-1-1-1	Required Signature/Registered Agent		7-11-11 Date
I submit this document to the De	ment and affirm that the facts stated herein a partment of State constitutes a third degree felo	ire true. I am aware that the fo ony as provided for in s.817.155	
α	r P A		7 11
Dann	Required Signature/Incorporator		7-//-/) Date
	Required Signature/Incorporator		Date