

P110000083737

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

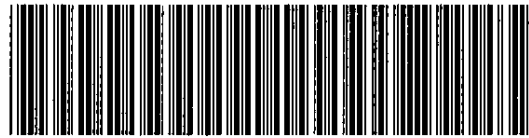
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/22/11--01021--002 **70.00

11 SEP 22 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: GRAND PRESERVE ESTATES, 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
☐ \$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: PETER TREMATERRA
Name (Printed or typed)
10181 W. SAMPLERD, # 208
Address
CORAL SPRINGS, FL 33065
City, State & Zip
954-575-7800
Daytime Telephone number
JCC @ GCS.BIZ
E-mail address: (to be used for future annual report notification)

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

URGENT - PLEASE !!!

FILED
AND
FILED

AFFIDAVIT

11 SEP 22 AM 10:52

STATE OF FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COUNTY OF SUMTER

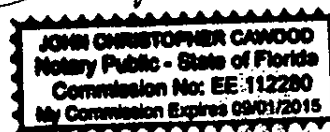
BEFORE ME, the undersigned authority, personally appeared PETER TREMATERRA, who first being duly sworn, deposes and says:

1. On September 15, 2011, I submitted Articles of Organization, for GRAND PRESERVE ESTATES, INC, a Florida Limited Liability Company to the Florida Secretary of State, for recordation. The effective date for the Company is 9/16/2011. A copy of the Articles of Organization is attached hereto, marked "Annexure A".
2. I am the Managing Member and Registered Agent of GRAND PRESERVE ESTATES, INC. and am authorized to make this affidavit.
3. It was my intention to form a Florida Profit Corporation and not a Florida Limited Liability Company. When I realized my error, I immediately filed an Application to Dissolve GRAND PRESERVE ESTATES, INC. a Florida Limited Liability Company. T
4. I have no intention of applying for reinstatement of GRAND PRESERVE ESTATES, INC, a Florida Limited Liability Company or using the name.
5. I intend filing Articles of Incorporation for GRAND PRESERVE, ESTATES, INC. A Florida Corporation, and hereby authorize the use of the name GRAND PRESERVE ESTATES, INC. For the Corporation.

Peter Trematerra
Peter Trematerra - Managing Member
Grand Preserve Estates, Inc. A Florida
Limited Liability Company.

The Foregoing instrument was acknowledged before me this 19 day of September, 2011, by Peter Trematerra, Managing Member of Grand Preserve Estates, Inc., A Florida Limited Liability Company, who is personally known to me and who did not take the oath.

Notary Public



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: **GRAND PRESERVE ESTATES, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
**10181 W. SAMPLE RD, # 208
CORAL SPRINGS FL
33065**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ALL OR ANY PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: **100 (ONE HUNDRED)**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **PETER TREMATERRA** → **PRESIDENT**
Address: **10181 W. SAMPLE RD
SUITE 208
CORAL SPRINGS, FL 33065**

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: **PETER TREMATERRA**
Address: **10181 W. SAMPLE RD, # 208
CORAL SPRINGS, FL 33065**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **PETER TREMATERRA**
Address: **10181 W. SAMPLE RD, # 208
CORAL SPRINGS, FL 33065**

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:

Peter Trematerra
Required Signature/Registered Agent

9/20/11
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.

Peter Trematerra
Required Signature/Incorporator

9/20/11
Date

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA