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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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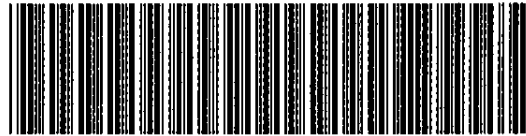
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 03 2012

COVER LETTER

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

SUBJECT: The Cosgrove Group, 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: Michelle Cosgrove
Name (Printed or typed)

5715 Highway 85 North #626
Address

Crestview, FL 32536
City, State & Zip

850-463-0611
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 Cosgrove Group, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5715 Highway 85 North #626
Crestview, FL 32536

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Marketing

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Michelle Cosgrove, President</u>	Name and Title:	_____
Address:	<u>5715 Highway 85 North #626</u>	Address:	_____
	<u>Crestview, FL 32536</u>		_____

Name and Title:	<u>Jeffrey A Cosgrove, Vice President</u>	Name and Title:	_____
Address:	<u>5715 Highway 85 North #626</u>	Address:	_____
	<u>Crestview, FL 32536</u>		_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____
	_____		_____

ARTICLE VI REGISTERED AGENT

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

Name: Michelle Cosgrove
Address: 5715 Highway 85 North #626
Crestview, FL 32536

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Cosgrove
Address: 5715 Highway 85 North #626
Crestview, FL 32536

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


Required Signature/Registered Agent

1/27/2012

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.


Required Signature/Incorporator

1/27/2012

Date

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TALLAHASSEE, FLORIDA