

P/2000020695

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

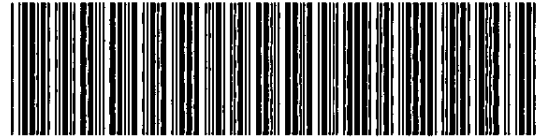
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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02/29/12--01012--020 \*\*87.50

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12 FEB 29 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*Handwritten signature* 03/01/12

EFFECTIVE DATE 03/01/12

BARBARA ANN GRADY

2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823  
727-244-6009

February 28, 2012

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

Re: Filing of Articles of Incorporation  
for BARBARA ANN GRADY, P. A.

To Whom It May Concern:

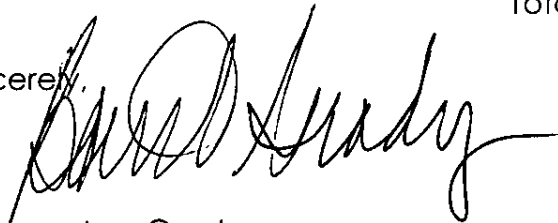
Enclosed find the original and one copy of the Articles of Incorporation, together with money order # 16456710701 in the amount of eighty-seven and 050/100 dollars (\$87.50) for BARBARA ANN GRADY, INC.

The amount of \$87.50 represents the following:

Filing Fee	\$35.00
Designation of Registered Agent	35.00
Certified Copy	8.75
Certificate of Status	<u>8.75</u>

Total Enclosed: \$87.50

Sincerely,



Barbara Ann Grady

Enclosures

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

7  
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BARBARA ANN GRADY, P.A.

## NATURE OF BUSINESS

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**SHARES****SHARES****SHARES****PRINCIPAL OFFICE**

2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

## SPECIAL PROVISIONS

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**ARTICLE VI DURATION EFFECTIVE DATE**

This corporation shall exist perpetually, commencing as of March 1, 2012.

**ARTICLE VII LIMITATION OF LIABILITY**

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

**ARTICLE VIII INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is: Barbara Ann Grady  
2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

**ARTICLE IX INITIAL BOARD OF DIRECTORS**

This corporation shall have one (1) director initially. The number of directors may be either increased or decreased from time to time as provided in the Bylaws, but shall never be less than one (1). The name and address of the initial director of this corporation is:

Barbara Ann Grady  
2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

**ARTICLE X INCORPORATOR**

The name and address of the Incorporator is: Barbara Ann Grady  
2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

The undersigned has hereunto set his hand on this 27th day of February, 2012

Incorporator:

  
Barbara Ann Grady

**EFFECTIVE DATE** 03/01/12

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**  
**OF**  
**REGISTERED OFFICE/REGISTERED AGENT**

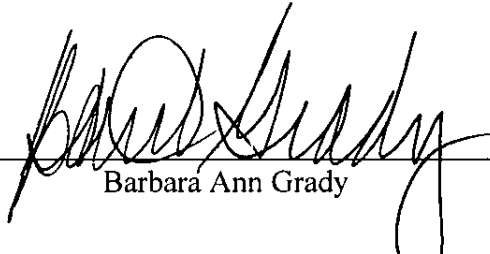
Pursuant to Section 607-0501, The Florida Business Corporation Act, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

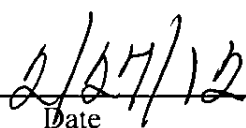
1. The name of the corporation is: BARBARA ANN GRADY, P.A.
2. The name and address of the registered office/agent is:

Barbara Ann Grady  
2300 Malcolm Drive  
Palm Harbor, Florida 34684-1823

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TALLAHASSEE, FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

  
\_\_\_\_\_  
Barbara Ann Grady

  
\_\_\_\_\_  
Date

EFFECTIVE DATE 03/01/12