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Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6381

From: Account Name : DAVID C. HASTINGS, CPA, PA
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: DAVIDCPA@TAMPABAY.DP.COM

FLORIDA PROFIT/NON PROFIT CORPORATION

~~THE GULFPORT GRIND~~ THE GULFPORT GRIND, INC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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May 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DAVID C. HASTINGS, CPA, PA

SUBJECT: THE GULFPORT GRIND, INC
REF: W12000027436

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If you have any further questions concerning your document, please call (850) 245-6052.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H12000131276
Letter Number: 312A00014570

H120001312763

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

ARTICLE I NAME THE GULFPORT GRIND, INC
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
5825 20TH AVE S
GULFPORT, FL 33707

Mailing address, if different is:
SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO OPERATE A COFFEE SHOP AND ANY OTHER LEGAL BUSINESS IN THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is: 1000 SHARES OF COMMON STOCK

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARY JO KEHOE PRESIDENT Name and Title:
Address: 5825 20TH AVE S Address:
GULFPORT, FL 33707

Name and Title: THEODORE KEHOE SEC/TRES Name and Title:
Address: 5825 20TH AVE S Address:
GULFPORT, FL 33707

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: DAVID C HASTINGS CPA
Address: 2207 54TH ST S
GULFPORT, FL 33707

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DAVID C HASTINGS
Address: 2207 54TH ST S
GULFPORT, FL 33707

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 05/15/2012 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 05/15/2012 Date

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