

P/3000099697

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*K 12/16/13*

## COVER LETTER

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

SUBJECT: Snorm Industries, 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: Cedric D. Cray  
Name (Printed or typed)

213 S.W. Stafford Ct.  
Address

Lake City, FL 32024  
City, State & Zip

(386) 292-4319  
Daytime Telephone number

Ccray1@hotmail.com  
E-mail address: (to be used for future annual report notification)

**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 name of the corporation shall be: Snorm Industries, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

213 S.W. Stafford Ct.

Lake City, FL 32024

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to obtain and complete road maintenance contracts for the state of Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Cedric D. Gray, President

Address 213 S.W. Stafford Ct

Lake City, FL 32024

Name and Title: Stephanie N. Gray, V.P.

Address: 213 S.W. Stafford Ct

Lake City, FL 32024

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

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: Cedric Gray  
Address: 213 S.W. Stafford Ct.  
Lake City, FL 32021

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Cedric Gray  
Address: 213 S.W. Stafford Ct.  
Lake City, FL 32021

*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*

Cedric D. Gray 12-10-2013  
Required Signature/Registered Agent 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.*

Cedric D. Gray 12-10-2013  
Required Signature/Incorporator Date