

P 14000000 838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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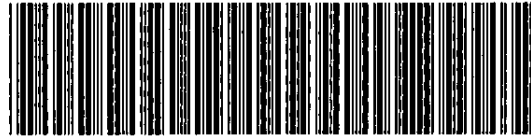
(Business Entity Name)

(Document Number)

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1/6/14

## COVER LETTER

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

**SUBJECT:** GRUNKE design / Roger Grunke Architect, 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:** Roger Grunke  
Name (Printed or typed)  
502 E. Ross Avenue #301  
Address  
Tampa, FL 33602  
City, State & Zip  
813 679 2945  
Daytime Telephone number  
Roger@Grunkedesign.com  
E-mail address: (to be used for future annual report notification)

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

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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: **GRUNKE design / Roger Grunke Architects, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

502 E. Ross Avenue #301

Tampa, FL 33602

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **Any and all lawful business**

**ARTICLE IV SHARES 100**

The number of shares of stock is:

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

Name and Title: **Roger Grunke, President**

Address: **502 E. Ross Avenue #301**

**Tampa, FL 33602**

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

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

Name and Title: **Roger Grunke, Treasurer**

Address: **502 E. Ross Avenue #301**

**Tampa, FL 33602**

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

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

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

Address: \_\_\_\_\_ 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: Roger Grunke, architect, building contractor **AR0010561 CBC 056742**  
Address: 502 E. Ross Avenue #301  
Tampa, FL 33602

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Roger Grunke  
Address: 502 E. Ross Avenue #301  
Tampa, FL 33602

*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

31 December 2013  
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

31 December 2013  
Date

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