

P14000031076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

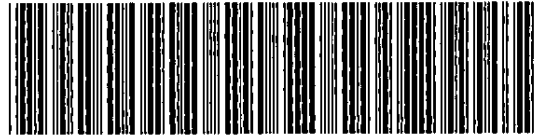
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-18264

 04/08/14



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2014

JESSICA DEPASS
854 CONREID DRIVE
PORT CHARLOTTE, FL 33952

SUBJECT: GREY TIDE INC
Ref. Number: W14000018264

We have received your document for GREY TIDE INC, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 614A00006173

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SEC
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Grey Tide, 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: **Jessica Depass**

Name (Printed or typed)

854 Conreid Drive

Address

Port Charlotte, FL 33952

City, State & Zip

941-276-6529

Daytime Telephone number

jessicadepass@gmail.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: Grey Tide Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

854 Conreid Drive

Port Charlotte, FL 33952

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business pertaining to
Security Services

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares @ \$1.00 Par Value Per Share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: David B Depass, President

Address: 854 Conreid Drive
Port Charlotte, FL 33952

Name and Title: Jessica Depass, Secretary

Address: 854 Conreid Drive
Port Charlotte, FL 33952

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: Lawrence Swan
Address: 709 Cape Coral Parkway W
Cape Coral, FL 33914

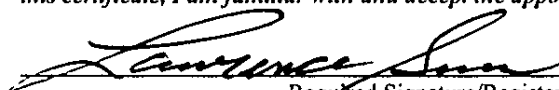
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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jessica Depass
Address: 854 Conreid Drive
Port Charlotte, FL 33952

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

3/14/14

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

3/17/14

Date