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(Requestor's Name)				
(Address)				
(Address)				
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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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Department of State **New Filing Section Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Teia Grantham's Bookkeeping Service, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	□ \$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
T	eia Grantham		·
FROM:	Nam Nam	e (Printed or typed)	
_		e (Finited of typed)	
Ρ.	.O. Box 558		
		Address	
G	onzales, FL 325		
	City	, State & Zip	
88	50-390-3374		
	Daytime 7	Telephone number	
tei	ianpcola@aol.com		
	E-mail address: (to be use	ed 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)

ICLE II PR	INCIPAL OFFICE			
Principal street address 475 Old Bridge Road			Mailing address, if different is: P.O. Box 558	
		P.O.		
ntonment,	FL 32533	Gonz	zales, FL 32560	
ICLE III PU	RPOSE the corporation is organized is:	d all lawfu	l business.	
	784 Van 1944 Van			VISE OFF
				N. Cas
				£.
			 	320
	ARES of stock is: 100	RS	ि: •ग	A FINANCE
ICLE V IN	itial officers and/or director le:_Teia Grantham, Presiden		an	A ANDRE
ICLE V IN	ITIAL OFFICERS AND/OR DIRECTO		an	A ATTUCKS
ICLE V IN	TIAL OFFICERS AND/OR DIRECTOR Teia Grantham, Presiden P.O. Box 558	Name and Title	an	A ATTUCKS
Name and Tit Address	TIAL OFFICERS AND/OR DIRECTOR Teia Grantham, Presiden P.O. Box 558	Name and Title Address:	e:	
Name and Tit Address	Tial officers and/or director Teia Grantham, President P.O. Box 558 Gonzales, FL 32560	Name and Title Address: Name and Title	e:	
Name and Tit Address	Teia Grantham, Presiden P.O. Box 558 Gonzales, FL 32560	Name and Title Address: Name and Title	e:e:	
Name and Tit Address Name and Titl Address	Teia Grantham, Presiden P.O. Box 558 Gonzales, FL 32560	Name and Title Address: Name and Title Address:	e:	

Name and	Title:	Name and Title:
Address		Address:
		<u></u>
ARTICLE VI	REGISTERED AGENT	
The <u>name and Flo</u>	rida street address (P.O. Box NOT acceptable) of	the registered agent is:
Name:	Teia Grantham	
Address:	1475 Old Bridge Road	
	Cantonment, FL 32533	
ARTICLE VII	INCORPORATOR	
i ne <u>name and add</u>	lress of the Incorporator is:	
Name:	Teia Grantham	
Address:	1475 Old Bridge Road	
	Cantonment, FL 32533	
	m familiar with and accept the appointment as reg	for the above stated corporation at the place designated in istered agent and agree to act in this capacity
x Dec	= Arantham	5214
	Required Signature/Registered Agent	Date
	ment and affirm that the facts stated herein are t epartment of State constitutes a third degree felony	rue. I am aware that the false information submitted in a as provided for in s.817.155, F.S.
* A e	Required Signature/Incorporator	5/2/14 Date