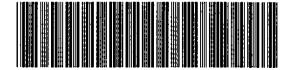
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(Re	equestor's Name)	
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☐ PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	of Status
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COVER LETTER

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

SUBJECT:Gu.	If Island Groves Caretakin			
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an or	iginal and one (1) copy of the arti	cles of incorporation an	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	
FROM: _	Dolores Strockbine	(D.1		
	Name	(Printed or typed)		
	1314 Lafayette St			
_	Address			
	Cape Coral, FL 33904			
	City,	State & Zip		
	239-549-2444			
	Daytime To	elephone number		
	dstrockbine@hillcocpa.co	om		
	E-mail address: (to be used	for future annual report	notification)	

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

May 13, 2014

Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Gulf Island Groves Caretaking & Management Inc

Document #H59270

Status: Inactive Annual Report

Mondrew Bryan

Dear Sirs/Madam

Enclosed find application for new corporation and check in the amount of \$70.00. The above corporation is inactive due to not filing annual reports.

Please be advised that the above document was dissolved for non payment of annual report fees. I do not wish to reinstate this corporation and release it at this time.

Please be kind enough to give this your prompt attention and hope to hear from you shortly.

Sincerely,

Andrew T Bryan

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

ARTICLE I NAI	<u>ME</u>	a a . i.i d Mana	coment Inc
The name of the corpora	ation shall be: Gulf Island	Groves Caretaking and Mana	gement inc
ARTICLE II PRI	NCIPAL OFFICE Principal street address	Mailing address, if different is:	
12175 Harry S	t		•
Bokeelia, FL	33022		
DORECTIA, FE	33722		
ARTICLE III PUR			
Caretaker	of mango grove		
	4.4.4		三
			2
			77
ARTICLE IV SH	ARES		9 3
The number of shares of	stock is: 1000	_ .	
	TIAL OFFICERS AND/OR DIR		
Name and Titl	e: Andrew T Bryan P	Name and Title:	
Address	12175 Harry St	Address:	
	Bokeelia, FL 33922	 	
Name and Title	» <u> </u>	Name and Title:	
Address		Address:	
Address			
Name and Title	:	Name and Title:	
Address		Address:	

Name and	Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT		
	orida street address (P.O. Box NOT acceptable) o	of the registered agent is:	
Name:	Andrew T Bryan		
Address:	12154 Harry St	_	
	Bokeelia, FL 33922		
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	Andrew T Bryan	_	
Address:	12175 Harry St	_	
	Bokeelia, FL 33922	_	
Having been nam this certificate, I a	ned as registered agent to accept service of proces om familiar with and accept the appointment as re	ss for the above stated corporation at the place designated in egistered agent and agree to act in this capacity	n
1 an	Required Signature/Degistered Agent	5-21-14	
	Required Signature/Registered Agent	Date	
	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	e true. I am aware that the false information submitted in only as provided for in s.817.155, F.S.	a
/One	Required Signature/Incorporator	5-21-14 Date	