

P150000001989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

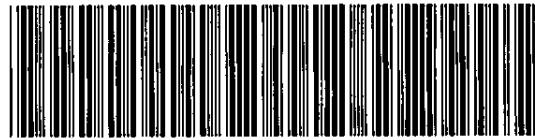
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/09/15--01001--006 \*\*157.50

DIVISION OF CORPORATIONS

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SECTION OF THE  
TALL PAPER 91000A

APPROVAL  
AND  
FILED

MD 1/8

COVER LETTER

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

SUBJECT: GRAHAM Refrigeration and Marine Air, 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: TODD GRAHAM  
Name (Printed or typed)

10743 Pacer Ct.  
Address

TAX FL 32257  
City, State & Zip

904 568 7229  
Daytime Telephone number

grahamrefridgeration@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: GRAHAM Refrigeration and Marine AIR INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

10743 Pacer CT  
JACKSONVILLE, FL  
32257

Same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and All Lawful

Business

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FLORIDA

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**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: TODD GRAHAM pres Name and Title: \_\_\_\_\_

Address: 10743 Pacer CT Address: \_\_\_\_\_  
JACKSONVILLE, FL 32257

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

Address: \_\_\_\_\_ 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: TODD GRAHAM  
Address: 10743 PACERCT  
JACKSONVILLE, FL 32257

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: TODD GRAHAM  
Address: 10743 PACERCT  
JACKSONVILLE, FL 32257

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

[Signature]  
Required Signature/Registered Agent

1/8/15  
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.

[Signature]  
Required Signature/Incorporator

1/8/15  
Date