

P15000041129

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

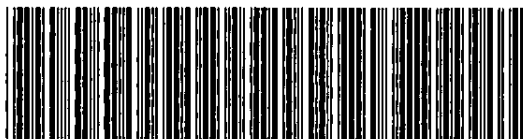
(Document Number)

Certified Copies _____ Certificates of Status _____

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04/27/15--01034--008 **78.75

15 MAY - 7 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

1/4

COVER LETTER

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

SUBJECT: GRAUPHICS GEOMATICS SERVICES, CORP.

(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: PATRICIA GRAU

Name (Printed or typed)

1465 S.E. 20th ROAD

Address

HOMESTEAD, FL. 33035

City, State & Zip

786-308-0652

Daytime Telephone number

GRAUPHICS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 30, 2015

PATRICIA GRAU
1465 S.W. 20 ROAD
HOMESTEAD, FL 33035

SUBJECT: GRAUPHICS SERVICES CORP.
Ref. Number: W15000030727

We have received your document for GRAUPHICS SERVICES CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 915A00008940

APPROVED
AND
FILED

ARTICLES OF INCORPORATION

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

15 MAY -7 AM 8:31

ARTICLE I NAME

The name of the corporation shall be: GRAUPHICS GEOMATICS SERVICES, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1465 S.E. 20th ROAD

HOMESTEAD, FL. 33035

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: LAND SURVEYING AND GEOMATICS SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PATRICIA GRAU (PRESIDENT)

Name and Title: FERNANDO CAMARAZA JR. (CFO)

Address: 1465 S.E. 20th ROAD

Address: 1465 S.E. 20th ROAD

HOMESTEAD, FL. 33035

HOMESTEAD, FL. 33035

Name and Title:

Name and Title:

Address:

Address:

Name and Title:

Name and Title:

Address:

Address:

APPROVED
AND
FILED

15 MAY -7 AM 8:31

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: FERNANDO CAMARAZA JR.

Address: 1465 S.E. 20th ROAD

HOMESTEAD, FL. 33035

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: PATRICIA GRAU

Address: 1465 S.E. 20th ROAD

HOMESTEAD, FL. 33035

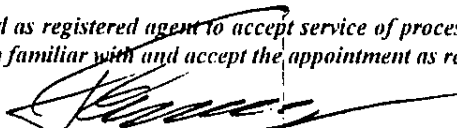
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/15/2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

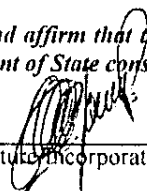


Required Signature/Registered Agent

05/07/2015

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

05/07/2015

Date