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AND
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15 JUN 15 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: Tropical Palm Gutters, 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: Alison Grove
Name (Printed or typed)

1698 N. Lavina Street
Address

North Port, FL 34286
City, State & Zip

941-815-4002
Daytime Telephone number

aal:andzack@aol.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: Tropical Palm Gutters, Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

1698 N Lavinga St.
North Port, FL 34286

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Zachary Grove - President</u>	Name and Title:	<u>Alison Grove - Vice President</u>
Address	<u>1698 N. Lavinga St.</u> <u>North Port, FL 34286</u>	Address:	<u>1698 N. Lavinga St.</u> <u>North Port, FL 34286</u>

Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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Name and Title:	_____	Name and Title:	_____
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Address	_____	Address:	_____
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AND
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Name and Title: _____ Name and Title: 15 JUN 15 PM 4:32
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: Alison Grove
Address: 1698 N Laving St
North Port, FL 34286

ARTICLE VII INCORPORATOR

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

Name: Alison Grove
Address: 1698 N. Laving St
North Port, FL 34286

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Alison Grove
Required Signature/Registered Agent

6-10-2015
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.

Alison Grove
Required Signature/Incorporator

6-10-2015
Date