

P16000035443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

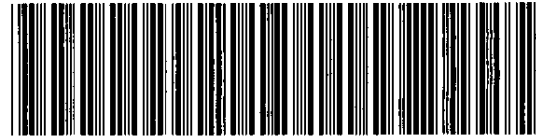
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TALLAHASSEE, FLORIDA

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421-16

COVER LETTER

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

SUBJECT: GreyPit, 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: Robert Decker

Name (Printed or typed)

12623 Lake Ridge Circle

Address

Clermont, Florida 34711

City, State & Zip

352-406-8911 / 352-406-7639

Daytime Telephone number

rdecker@cfl.rr.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: GreyPit, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12623 Lake Ridge Circle

Clermont, Florida 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to work with a variety of businesses and/or individuals requiring client development, expertise in specific industry experience design, and consulting.

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Shirley J. Decker, CEO

Address 12623 Lake Ridge Circle

Clermont, Florida 34711

Name and Title: Robert Decker, Director

Address: 12623 Lake Ridge Circle

Clermont, Florida 34711

Name and Title:

Address

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 19 PM 2:25

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: Shirley J. Decker _____

Address: 12623 Lake Ridge Circle _____

Clermont, Florida 34711 _____

ARTICLE VII INCORPORATOR

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

Name: Robert Decker _____

Address: 12623 Lake Ridge Circle _____

Clermont, Florida 34711 _____

FILED
15 APR 19 PM 2:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

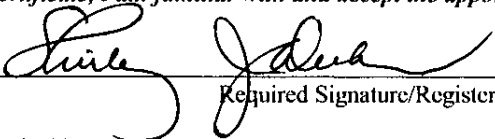
ARTICLE VIII EFFECTIVE DATE:

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



Required Signature/Registered Agent

4/14/16
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

4/14/2016
Date