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TALLAHASSEE, FLORIDA  
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*mm*

## COVER LETTER

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

**SUBJECT:** Grosvenor Appraisals, 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:** Susan Grosvenor

\_\_\_\_\_  
Name (Printed or typed)

14831 Reflection Key Cir. #1712

\_\_\_\_\_  
Address

Fort Myers, FL 33912

\_\_\_\_\_  
City, State & Zip

239-431-1839

\_\_\_\_\_  
Daytime Telephone number

sgappraisals@yahoo.com

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

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**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: Grosvenor Appraisals, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14831 Reflection Key Cir. #1712

Fort Myers, FL 33907

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Residential Real Estate Appraisal Services in Lee and Collier County

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Susan Grosvenor

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

Address

14831 Reflection Key Cir. #1712

Address: \_\_\_\_\_

Fort Myers, FL 33907

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

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

Address

Address: \_\_\_\_\_

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

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

Address

Address: \_\_\_\_\_

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TALLAHASSEE, FLORIDA  
16 MAY 12 PM 3:16

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: Susan Grosvenor  
Address: 14831 Reflection Key Cir. #1712  
Fort Myers, FL 33907

**ARTICLE VII INCORPORATOR**

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

Name: Susan Grosvenor  
Address: 14831 Reflection Key Cir. #1712  
Fort Myers, FL 33907

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**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*

Susan M. Grosvenor 04/26/2016  
Required Signature/Registered Agent 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.*

Susan M. Grosvenor 04/26/2016  
Required Signature/Incorporator Date