

P/6000077026

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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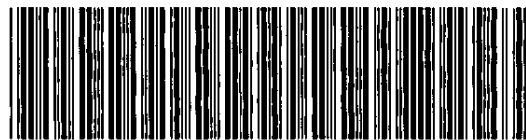
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/16--01010--015 **70.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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09/20/16

COVER LETTER

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

SUBJECT: Grace construction corp. of SW Florida

(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: Helene poggi-Sofia

Name (Printed or typed)

4940 sw 19th place

Address

Cape Coral FL 33914

City, State & Zip

239-214-2642

Daytime Telephone number

ronsofia@comcast.net

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: Grace construction corp. of SW Florida

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4940 sw 19th Place

Cape Coral FL 33914

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: construction

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ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Helene Poggi-Sofia

Name and Title: _____

Address 4940 sw 19th Place

Address: _____

Cape Coral FL 33914

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Helene Poggi-Sofia
Address: 4940 sw 19th Place
Cape Coral FL 33914

ARTICLE VII INCORPORATOR

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

Name: Helene Poggi-Sofia
Address: 4940 sw 19th Place
Cape Coral FL 33914

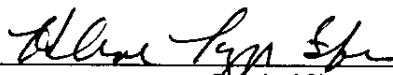
ARTICLE VIII EFFECTIVE DATE:

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

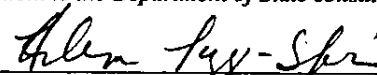
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

 9/17/2016
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.

 9/17/2016
Required Signature/Incorporator Date

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