

P16000085776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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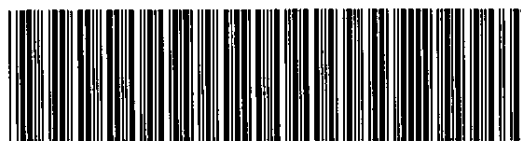
(Business Entity Name)

(Document Number)

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M. MOON

OCT 21 2016

## COVER LETTER

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

SUBJECT: Thomas N. Graham Construction 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: Homer J. Thomas  
Name (Printed or typed)

P.O. Box 668086  
Address

Pompano Beach FL 33066  
City, State & Zip

954-501-4625  
Daytime Telephone number

Dhthomas@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: Thomas n. Graham Construction Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2351 W Atlantic Blvd  
Pompano Beach FL, 33066

Mailing address, if different is:

P.O. Box 668086  
Pompano Bch FL, 33066

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for construction projects  
development.

**ARTICLE IV SHARES**

The number of shares of stock is: 100,000

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

Name and Title: Homer J. Thomas/

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

Address

President/CEO

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

P.O. Box 668086

Pompano Bch FL, 33066

Name and Title: Vincent Graham/

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

Address

COO

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

3601 SW 2nd

Street Fort Lauderdale, FL  
33312

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: Harvenia Thomas-Irving  
Address: 209 NW 15<sup>th</sup> Street  
Pompano Beach FL 33066

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**ARTICLE VII INCORPORATOR**

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

Name: Homer J Thomas  
Address: 2351 W Atlantic Blvd  
Pompano Beach FL 33066

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/14/2016 (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

10/14/2016  
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

10/14/2016  
Date