# 718000089233

(Re	questor's Name)	
(Address)		
(Ad	dress)	
(Cit	ty/State/Zip/Phone	<del>=</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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SEURETARY OF STAFE
FALL AHASSEE, FLORIDA

JUL 09 2018 T SCHROEDER

### **COVER LETTER**

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

SUBJECT: GraphComm Associates, Inc.

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

### **FEES:**

Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75

### **OPTIONAL:**

Certificate of Status

\$ 8.75

**BJ Cottrell** 

Name (printed or typed)

5147 Castello Drive

Address

Naples FL 34103

City, State & Zip

239-449-4881

Daytime Telephone Number

admin@cottrelltax.com

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

# **CERTIFICATE OF DOMESTICATION**

The undersigned, Robert Goetz	President	
(Name)	(Title)	
of GraphComm Associates, Inc	a forei	gn corporation,
(Corporation Name) n accordance with s. 607.1801, Florida Statutes, doe		
1. The date on which corporation was first formed v	was January 25th	. 1982 .
2. The jurisdiction where the above named corporate came into being was Albany, New York	ion was first formed, incorporate	d, or otherwise
<ol> <li>The name of the corporation immediately prior to was GraphComm Associates, Inc</li> </ol>	the filing of this Certificate of E	Oomestication .
4. The name of the corporation, as set forth in its ar s. 607.0202 and 607.0401 with this certificate is	•	•
5. The jurisdiction that constituted the seat, siege so administration of the corporation, or any other equinmediately before the filing of the Certificate of Albany, New York	uivalent jurisdiction under applic	
<ul> <li>Attached are Florida articles of incorporation to to s. 607.1801.</li> <li>am Robert Goetz, of GraphComm Ass</li> </ul>		rements pursuant
		<del></del>
and am authorized to sign this Certificate of Domestics this the 26 day of June  (Authorized)	Dot	on and have done 2018 .
Filing Certificate of Domestication Articles of Incorporation and C Total to domesticate and file	\$ 50.00	18 JUL -5 AM II: 3E SEURE MARY OF STATE ALL/AHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

THE NAME OF THE CORPORATION SHALL BE:		
GraphComm Associates, Inc		
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING AI Principal Address	DDRESS IS: Mailing Address	
9123 Strada Place	9123 Strada Place	
Unit 7510	Unit 7510	
Naples, FL 34108	Naples, FL 34108	
THE PURPOSE FOR WHICH THE CORPORATION I		
The purpose for which the corporation in The purpose of the Corpo	ration is to engage in any lawful ation may be organized in this state	
The purpose for which the corporation in The purpose of the Corpo	ration is to engage in any lawful	
The purpose for which the corporation in The purpose of the Corpo	ration is to engage in any lawful	
The purpose for which the corporation in The purpose of the Corpo	ration is to engage in any lawful	
The purpose for which the corporation in The purpose of the Corpo	ration is to engage in any lawful	

ARTICLE IV SHARES
THE NUMBER OF SHARES OF STOCK IS:

## ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name President / Robert Goetz	Title/Name
9123 Strada Place #7510	
Naples, FL 34108	
Title/Name	Title/Name
Title/Name	Title/Name
	18 SEC.
Title/Name	Title/Name  Title/Name
	36 DA

# ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS: Cottrell Tax & Accounting, LLC 5147 Castello Drive

ARTICLE VII IN	CORPORATOR	
THE NAME AND ADDRES	SS OF THE INCORPORATOR IS:	
Robert Goetz		
9123 Strada Place #7510		
Naples, FL 34	4108	

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

Signature/Registered Agent

Naples FL 34103

Signature/Incorporator

Date

Date

18 JUL -5 AMII: 36
SECRETARY OF STATE