

P19000001579

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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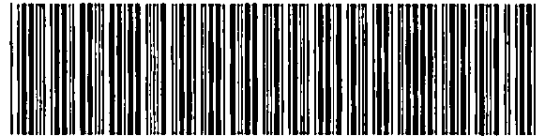
(Business Entity Name)

(Document Number)

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JAN 8 2019

2019 JAN -8 AM 9:10

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K Brumpley

COVER LETTER

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

SUBJECT: GRANT COMMUNITY RESIDENTIAL HOME *Incorporated*
(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JAHPHET Y. GRANT

Name (Printed or typed)

2252 WRIGHT STREET (Unit A)

Address

FORT MYERS, FLORIDA 33916

City, State & Zip

239-466-0142

Daytime Telephone number

Grantj1@esp.edu

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: GRANT COMMUNITY RESIDENTIAL HOME Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address
2252 WRIGHT STREET (UNIT-A)

Mailing address, if different is:

FORT MYERS, FLORIDA 33916

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Adult Family Care Home

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jahphet Y. Grant : P

Name and Title: _____

Address 2252 Wright Street (unit-A)

Address: _____

Fort Myers, Florida 33916

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA
CLERK OF THE CIRCUIT COURT

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: Jahphet Y. Grant

Address: 2252 Wright Street (Unit) A

Fort Myers, Florida 33916

ARTICLE VII INCORPORATOR

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

Name: Jahphet Y. Grant

Address: 2252 Wright Street (Unit) A

Fort Myers, Florida 33916

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 days prior or 90 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

Jahphet Y. Grant
Required Signature/Registered Agent

12/06/2018
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.

Jahphet Y. Grant
Required Signature/Incorporator

12/06/2018
Date