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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

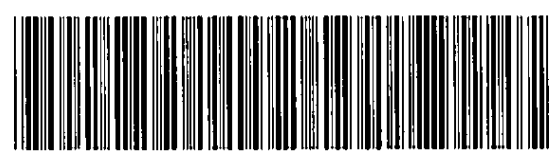
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TALLAHASSEE, FL

## COVER LETTER

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

SUBJECT: GRACEFUL DISPLAY, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: VANGIE SCOTT  
Name (Printed or typed)

P.O. BOX 558  
Address

MONTICELLO, FL 32345  
City, State & Zip

(850) 661-9203  
Daytime Telephone number

gracefuldisplay@gmail.com  
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: GRACEFUL DISPLAY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address  
1482 THOMPSON VALLEY RD  
LAMONT, FL 32336

Mailing address, if different is:

P.O. BOX 558  
MONTICELLO, FL 32345

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE PROFESSIONAL  
RESTORATION SERVICES TO AT-NEED CLIENTS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VANGIE Z. SCOTT <sup>PRESIDENT</sup>

Address: 1482 THOMPSON valley Rd  
LAMONT, FL 32336

Name and Title: STEPHEN SCOTT, JR <sup>-MEMBER</sup>

Address: 298 BROWN ROAD  
LAMONT, FL 32336

Name and Title: LISA GRIFFIN SCOTT <sup>SECRETARY</sup>

Address: 2758 Coastal Highway  
CRAWFORD, FL 32327

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FL

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: VANGIE Z. SCOTT  
Address: 1482 THOMPSON VALLEY RD  
Lamont, FL 32336

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: VANGIE Z. SCOTT  
Address: P.O. Box 558  
MONTICELLO, FL 32345

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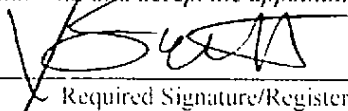
ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 days after the filing.)

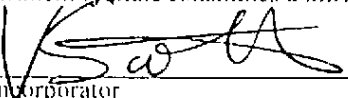
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

1/23/2020  
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

Date 1/23/2020