

P20000044886

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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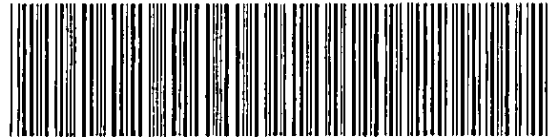
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 JUN 19 PM 4:26
TALLAHASSEE, FL 32309

2020 JUN 19 PM 4:19

JUN 19 2020

COVER LETTER

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

SUBJECT: C. Gray Holdings Corp
(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: Cornelius Gray
Name (Printed or typed)

2635 Maggie Way
Address

Sanford, FL 32773
City, State & Zip

407-607-1785
Daytime Telephone number

Corneliusgray123@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: C. Gray Holdings Corp

ARTICLE II PRINCIPAL OFFICE

Principal street address

2635 Maggie Way, Sanford, FL
32773

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: for profit business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cornelius Gray CEO

Name and Title: _____

Address

2635 Maggie Way
Sanford, FL, 32773

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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2020 JUN 19 PM 4:26
JUL 19 2020

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: Cornelius Gray
Address: 2635 Maggie Way
Sanford, FL 32773

ARTICLE VII INCORPORATOR

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

Name: Cornelius Gray
Address: 2635 Maggie Way
Sanford, FL 32773

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

C. Gray
Required Signature/Registered Agent

6/19/20
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.

C. Gray
Required Signature/Incorporator

6/19/20
Date