

P22000024746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entry Name)

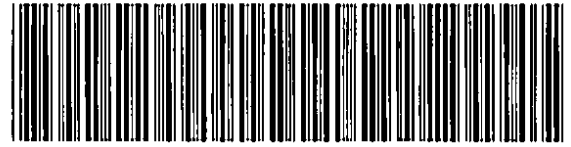
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2022 MAR 18 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FL

2022 MAR 18 PM 3:44

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 568617 81597A

AUTHORIZATION :

Lynne Coleman

COST LIMIT : \$ 70.00

ORDER DATE : March 23, 2022

ORDER TIME : 2:48 PM

ORDER NO. : 568617-005

CUSTOMER NO: 81597A

DOMESTIC FILING

NAME: GRAT, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2022

CSC

SUBJECT: GRAT, INC.
Ref. Number: W22000038380

RESUBMIT
Please give original
submission date as file date.

2022 APR -1 PM 3:26

We have received your document for GRAT, INC. and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist III

Letter Number: 722A00006919

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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: Gratkowski Painting and Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
1396 Biscayne Way
Marco Island, FL 34145

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: James J. Gratkowski

Name and Title: _____

Address President, Secretary, Treasurer

Address: _____

1396 Biscayne Way

Marco Island, FL 34145

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Jamie B Greusel
Address: 1104 North Collier Blvd.
Marco Island, FL 34145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: James J. Gratkowski
Address: 1396 Biscayne Way
Marco Island, FL 34145

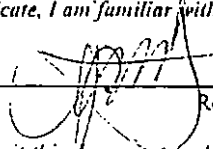
ARTICLE VIII EFFECTIVE DATE:

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

4/1/2022
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

4/1/22
Date

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SECRETARY OF STATE
TALLAHASSEE, FL