

P2300035313

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H23000165832 3)))



H230001658323ABC/

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : MYCOMPANYWORKS, INC.  
Account Number : I20230000035  
Phone : (702)362-2677  
Fax Number : (702)825-2581

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Grant Construction & Roofing, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

RECEIVED  
2023 MAY -3 PM 1:14  
CORPORATIONS  
COMMERCIAL  
SERVICES

Electronic Filing Menu

Corporate Filing Menu

Help

**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 Construction & Roofing, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

533 7th St. NW

Naples, FL 34120

**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: Vincent Paul Grant - D, P, T

Name and Title: Peter Coltune - D, VP

Address 533 7th St. NW

Address: 827 E. 21st Ave.

Naples, FL 34120

New Smyrna Beach, FL 32169

Name and Title: Valerie Rebecca Dean - D, S

Name and Title: \_\_\_\_\_

Address 533 7th St. NW

Address: \_\_\_\_\_

Naples, FL 34120

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

H23000165832.3

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: Registered Agent Solutions, Inc.

Address: 2894 Remington Green Ln., Ste. A

Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Edward Tsuji

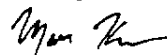
Address: 187 E. Warm Springs Rd., Ste. B

Las Vegas, NV 89119

**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* Matthew Knee, Assistant Secretary of Registered Agent Solutions, Inc.05/03/2023\_\_\_\_\_  
Required Signature/Registered Agent\_\_\_\_\_  
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.*05/03/2023\_\_\_\_\_  
Required Signature/Incorporator\_\_\_\_\_  
Date