230000 46976

| | (Requestor's | Name) | |
|----------------------|----------------|---------------|--------|
| - | (Address) | | |
| | (Address) | | |
| | ·-· | | |
| I | (City/State/Zi | p/Phone #) | |
| PICK-UF | w | /AIT | MAIL |
| | (Business Er | ntity Name) | |
| | (Daa | I | |
| l | (Document N | iumber) | |
| Certified Copies | Ce | rtificates of | Status |
| Special Instructions | to Filing Offi | cer. | · |
| Special Metrockone | to i ming om | 001. | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| W23-8 | 5404 | | |
| | | | |

Office Use Only



000410281270

FILED 2023 JUN 16 AH 10:09

RECEIVED

2023 JUN 16 開 3:18

CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

| Date: | 06/16/2023 | a: DW | |
|---|---|--|--|
| | Acc#I20160000072 | an: Cook | |
| Name: | LITTLEGRAHAM INNOVAT | IONS, INC | |
| Document #: | | | |
| Order #: | 14991125 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | | |
| Certified Copy of | | | |
| Apostille/Notarial Certification: | Country of Destination: Number of Certs: | | |
| Filing: | Certified: | Email Address for Annual Report Notifications: thitle @ flood proofing. com | |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: \$ 78.75 | | |

Thank you!

COVER LETTER

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

| Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy & | | | |
|--|---|--|--|
| □ \$70.00 □ \$78.75 □ \$78.75 □ \$78.75 □ \$78.75 □ \$78.65 Elling Fee Filing Fee & Certificate of Status & Certified Copy & Section 1.5 | ESUFFIX) | | |
| Filing Fee Filing Fee Filing Fee & Certificate of Status & Certified Copy & | heck for: | | |
| TANDET LOTTER OF THE PARTY OF T | I \$87.50 Filing Fee, Certified Copy & Certificate o Status | | |
| | | | |
| FROM: Thomas S. Little, Jr. Name (Printed or typed) | Thomas S. Little, Jr. Name (Printed or typed) | | |
| | | | |
| Mount Royal, NJ 08061 City, State & Zip | Mount Royal, NJ 08061 City, State & Zip | | |
| (877) 441-8368 X104 Daytime Telephone number | | | |
| tlittle@floodproofing.com E-mail address: (to be used for future annual report notific | | | |

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)

| The name of the corporate | $rac{E}{E}$ ration shall be: LittleGraha | m Innovations, Inc. | |
|---|--|------------------------------|--|
| ARTICLE II PRIM 14255 US Highw Suite #217 | Principal <u>street</u> address ay One | Mailing a | ddress, if different is: |
| Juno Beach, FL | 33408 | - · - - · · - | |
| ARTICLE III PURI | POSE the corporation is organized in The Co. | | |
| | the corporation is organized is: The Cormitted under laws of the Uni | | |
| | | | |
| | | | Z0Z FALL |
| ARTICLE IV SHAR The number of shares of | ES stock is: 1,000 | | 2023 JUN 16 SEURE IARD ALL AHASSEE |
| | AL OFFICERS AND/OR DIRECTORS | | AH O |
| | Thomas S. Little, Jr., Directo | | 9 |
| Address | 19 Mantua Road Mount Royal, NJ 08061 | Address: | |
| | | | |
| Name and Title: | Michael J. Graham, Director | _ Name and Title: | |
| Address I | 14255 US Highway One | A 11 | |
| | Suite #217 | | |
| | Juno Beach, FL 33408 | | |
| Name and Title: | | _ Name and Title: | |
| Address | | | |
| | | | |
| | | <u> </u> | |

| Name a | nd Title: | Name and Title: |
|--|---|--|
| Addres | 38 | Address: |
| | | |
| | ···· | |
| | REGISTERED AGENT Clorida street address (P.O. Box NOT acceptable) | of the registered agent is: |
| Name: | C T Corporation System | |
| Address: | 1200 South Pinc Island Road Plantation, | _ |
| | FL 33324 | |
| ARTICLE VII | INCORPORATOR | |
| The name and a | ddress of the Incorporator is: | |
| Name: | Richard T. Mulcahey, Jr. | |
| Address: | 121 South Broad Street, 20th | <u>Fl</u> oor |
| | Philadelphia, PA 19107 | |
| Effective date, if | EFFECTIVE DATE: other than the date of filing: date is listed, the date must be specific and can | (OPTIONAL) not be more than five days prior or 90 days after the |
| Note: If the date the document's c | inserted in this block does not meet the applicab effective date on the Department of State's records | le statutory filing requirements, this date will not be listed as s. |
| Having been nan certificate, I am j | ned as registered agent to accept service of process familiar with and accept the appointment as registe | for the above stated corporation at the place designated in this ered agent and agree to act in this |
| | | Stephanie Hencz, Assistant Secretary 06/20/202 |
| | Required Signature/Registered Agent | Date |
| document to the _t | Department of State constitutes a third degree felo | e true. I am aware that the false information submitted in a ny as provided for in s.817.155, F.S. |
| 1 Jours | breed FMh. bru 41 9 mc/Incorporator Richard T. Mulcahey, | 6/5/23 |
| Required Signatu | re/Incorporator Richard T. Mulcahey, | Ir. Date |