

P23000056687

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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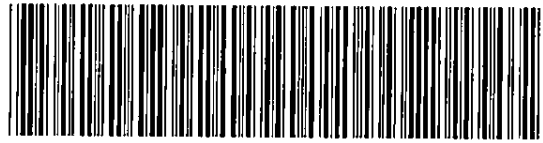
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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ALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: GRACE RESTORATION & DEVELOPMENT, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: JAMIE TAYLOR
Name (Printed or typed)

123 GILLIS DR.
Address

CRESTVIEW FLORIDA 33536
City, State & Zip

850-585-3119
Daytime Telephone number

gracerestoration2018@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: GRACE RESTORATION & DEVELOPMENT, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

123 GILLIS DR.

Mailing address, if different is:

123 GILLIS DR.

CRESTVIEW FL. 32536

CRESTVIEW FL. 32536

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COMMERCIAL & RESIDENTIAL
PROPERTY MANAGEMENT, MAINTENANCE, AND DEVELOP-
MENT.

ARTICLE IV SHARES

The number of shares of stock is: 690

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JAMIE TAYLOR

Name and Title: DIRECTOR/CEO

Address: 123 GILLIS DR

Address: _____

CRESTVIEW FL.
32536

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

2023

P. 5:59

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 TAYLOR

Address: 123 GILLIS DR.
CRESTVIEW, FL
32536

ARTICLE VII INCORPORATOR

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

Name: JAMIE TAYLOR

Address: 123 GILLIS DR.
CRESTVIEW FL.
32536

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

Jamie Taylor
Required Signature/Registered Agent

08/02/2023
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.

Jamie Taylor
Required Signature/Incorporator

08/02/2023
Date

2023 AUG 2 PM 5:55