

P24000021222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

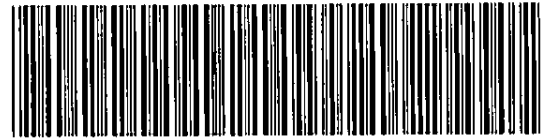
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2004 MAR 26 5:11 PM
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TALLAHASSEE, FL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 MAR 26 PM 2:49

15

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GRAHAM INSURANCE ADVISORS, INC.

Please Debit FCA000000003 For: 70

Thank you Seth Neeley



Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

174 Pender's Printing • Tallahassee, FL 32301

- ☒ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- _____ Cert. Copy _____
- ☒ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

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TALLAHASSEE, FL
JUN 23 2004
FBI

COVER LETTER

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

SUBJECT: Graham Insurance Advisors, 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: PAUL A. KRASKER, ESQ.

Name (Printed or typed)

1615 FORUM PLACE, 5TH FLOOR

Address

WEST PALM BEACH, FL 33401

City, State & Zip

561-515-4722

Daytime Telephone number

AMURPHY@KRASKERLAW.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL
JAN 11 2006

FILED

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: GRAHAM INSURANCE ADVISORS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1528 N. DIXIE HWY, #1

1528 N. DIXIE HWY, #1

LAKE WORTH BEACH, FL 33460

LAKE WORTH BEACH, FL 33460

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Insurance Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHLOE E. GRAHAM - P

Name and Title: CHLOE E. GRAHAM - DIRECTOR

Address 1528 N Dixie Hwy, #1

Address: 1528 N Dixie Hwy, #1

Lake Worth Beach, FL 33460

Lake Worth Beach, FL 33460

Name and Title: CHRISTOPHER N. GRAHAM- VP

Name and Title: _____

Address 1528 N Dixie Hwy, #1

Address: _____

Lake Worth Beach, FL 33460

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
2025
JAN 25
CLERK OF DISTRICT COURT
STATE OF FLORIDA

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: The Law Office Of Paul A. Krasker, P.A.

Address: 1615 Forum Place, 5th Floor

West Palm Beach, FL 33401

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Chloe E. Graham

Address: 1528 N Dixie Hwy, #1

Lake Worth Beach, FL 33460

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

R

Required Signature/Registered Agent

03/26/2024

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.

Chloe Graham

Required Signature/Incorporator

03/26/2024

Date

FILED
STATE
FL