

P24000033356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

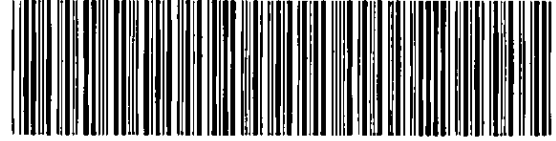
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FL  
CLERK OF COURT

2024 MAY -5 AM 9:41

FILED

April 18, 2024

Department of State  
Division of Corporations

Clifton Building  
2661 Executive Center Drive  
Tallahassee, FL 32301

Reference: **GRACE HAMM PA**

Florida Document Number: **P22000088772**

Dear Department:

It has come to our attention that our corporation **Grace Hamm PA** was dissolved administratively. At this time, I would like to release our document number **P22000088772** as the authorized president of this corporation. I am also submitting at this time articles that I am asking you to file on my behalf.

Thank you for your assistance in getting these matters in order.

Sincerely,

  
Grace Hamm, President

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TALLAHASSEE, FL

## COVER LETTER

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

**SUBJECT:** GRACE HAMM PA

(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:** Grace Hamm, President

Name (Printed or typed)

1123 NE 15TH LN

Address

Cape Coral, FL 33909

City, State & Zip

239-440-1070

Daytime Telephone number

gracehamm63.gh@gmail.com

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

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

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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: GRACE HAMM PA

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

1123 NE 15TH LN

Cape Coral, FL 33909

Mailing address, if different is:

**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: 100 Shares @ 1.00 par value per share

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Grace Hamm, President

Address

1123 NE 15TH LN

Cape Coral, FL 33909

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

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

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

Address

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

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

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

Address

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

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

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CLERK OF 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: Grace Hamm  
Address: 1123 NE 15TH LN  
Cape Coral, FL 33909

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OFFICE OF THE CLERK  
STATE OF FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Grace Hamm  
Address: 1123 15TH LN  
Cape Coral, FL 33909

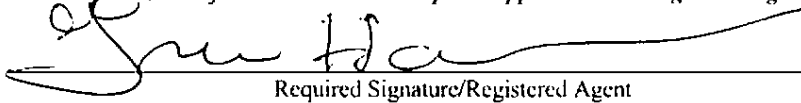
**ARTICLE VIII EFFECTIVE DATE:**

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.)

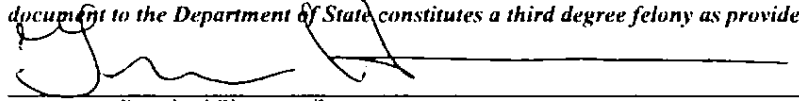
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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

4-22-24  
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

4-22-24  
Date