

P24000043657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

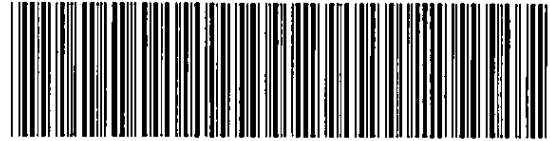
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S. CHATHAM
JUN 28 2024

CLERK AND/OR VENDOR
FILING OFFICE
DIVISION OF CORPORATIONS
TALLahassee, FL 32309

2024 JUN 17 AM 12:22

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2024

GARY R. PATTERSON
4501 S. ATLANTIC AVENUE, UNIT 311
NEW SMYRNA BEACH, FL 32169 US

SUBJECT: GRPAU, LLC
Ref. Number: W24000077942

We have received your document for and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "LLC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, L.L.C. and LLC are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your ~~limited liability company filing~~ **CORPORATION**

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

If you have any further questions concerning your document, please call 850-245-6000.

Summer Chatham
Supervisor
New Filings Section

Letter Number: 824A00011119

COVER LETTER

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

SUBJECT: GRPAU, 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: GARY R PATTERSON
Name (Printed or typed)

4501 S. ATLANTIC AVENUE - UNIT 311
Address

NEW SMYRNA BEACH, FLORIDA 32169
City, State & Zip

386 410-9741
Daytime Telephone number

GARYR.PATTERSON@YAHOO.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: GRPAU, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4501 S. ATLANTIC AVENUE - UNIT 311 SAME ADDRESS
NEW SMYRNA BEACH, FLORIDA 32169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO RESEARCH, WRITE AND PUBLISH BOOKS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GARY R PATTERSON - PRESIDENT Name and Title: _____

Address: 4501 S. ATLANTIC AVENUE - UNIT 311 Address: _____
NEW SMYRNA BEACH, FL 32169

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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2024 JUN 17 AM 12:22
CLERK AND/OR SECRETARY
DIVISION OF CORPORATIONS
TALLAHASSEE, 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: GARY R. PATTERSON
Address: 4501 S. ATLANTIC AVENUE - UNIT 311
NEW SMYRNA BEACH, FL 32109

ARTICLE VII INCORPORATOR

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

Name: GARY R. PATTERSON
Address: 4501 S. ATLANTIC AVENUE - UNIT 311
NEW SMYRNA BEACH, FL 32109

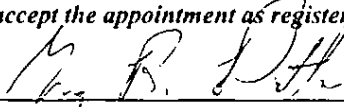
ARTICLE VIII EFFECTIVE DATE:

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.)

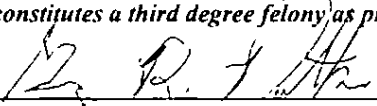
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

6/12/2024
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.


Required Signature/Incorporator

6/12/2024
Date

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2024 JUN 17 AM 12:30
CABLE AND/OR VIDEO
FRANCHISING
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA