## PAGE TRANSMETTEL LETTER LOG State

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

DOC. EXAM

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SUBJECT: L. Granato Services, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an origin	nal and one(1) copy of the article	s of incorporation and a c	check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	□\$78.75 Filing Fee & Certified Copy  ADDITIONAL COI	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Bonnie L. Gvanato  Name (Printed or typed)  14659 Collectine Caval Rd. From A					
	Losahatchee,	1 33470 State & Zip	FLORIDA	AH II: 53	
VYUL GAN IZATION BY PHONE T. P.A.	VE	50 pages (561) 5 lephone number	<u> 354-9</u> 527		

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

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

L. Granato Services, Inc.	SECI TALLA
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  14659 Collecting Canal RD  Loxabatchee, 74, 33470  ARTICLE III SHARES  The number of shares of stock that this corporation is authorized to have outstanding at any or	OV -1 AM II: 53  AHASSEE, FLORIDA  me time is:
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	<u> </u>
The name and Florida street address of the initial registered agent are: 14659 Collecting Canal Rd Bonnie L. G Loxahatchee, 71 33470	ranato
ARTICLE V INCORPORATOR  The name and address of the incorporator to these Articles of Incorporation are:	
Lawrence L. Granato 14659 Collecting Canal Rol oxahatchee, 7133470  Lawrence L. Scanato Signature/Incorporator  Date	-99

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered/Agent

Date