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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION  
GRAN PARAISO UNIT 902, INC.

Certificate of Status	0
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107058

03/09/16

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Corporate Filing Menu

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**COVER LETTER**

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

**SUBJECT: GRAN PARAISO UNIT 902, 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 Filing Fee  
 \$78.75 Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy  
 \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

**FROM: CRISTIAN GIACULLI**  
Name (Printed or typed)  
**20807 BISCAYNE BLVD. SUITE 104**  
Address  
**AVENTURA, FL 33180**  
City, State & Zip  
**3059877240**  
Daytime Telephone number  
**lavand@grgcpa.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: GRAN PARAISO UNIT 902, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal ~~street~~ address: 20807 BISCAYNE BLVD. # 104  
AVENTURA, FL 33180  
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

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

Name and Title:	<u>ANTONIA VELAZQUEZ DE BORELLO, PRESIDENT</u>	Name and Title:	_____
Address:	<u>20807 BISCAYNE BLVD. # 104</u> <u>AVENTURA, FL 33180</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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CORPORATIONS

(cont.)

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: GERSTLE, ROSEN & GOLDBERG, PA  
 Address: 2630 NE 203 STREET, SUITE 104  
AVENTURA, FL 33180

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ANTONIA VELAZQUEZ DE BORELLO  
 Address: 20807 BISCAYNE BLVD. # 104  
AVENTURA, FL 33180

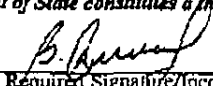
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 TALLAHASSEE, FLORIDA  
 15 MAR - 9 AM 11: 18

*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

3.7.16  
 \_\_\_\_\_  
 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

3.7.16  
 \_\_\_\_\_  
 Date