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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
155 Grand Street Corp.

Certificate of Status	0
Certified Copy	0
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ARTICLES OF INCORPORATION
OF
155 Grand Street Corp.

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: 155 Grand Street Corp.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is: 240 KENT AVENUE, SUITE B30, BROOKLYN, NY 11249-4121, UNITED STATES

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any lawful act or activity for which corporations may be organized under the Florida Business Corporations Act of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock authorized to issue 200 shares of no par common voting stock.

ARTICLE V REGISTERED AGENT

The name and Florida street address of the registered agent is Agents and Corporations, Inc., 300 Fifth Avenue South, Suite 101-330, Naples, FL 34102.

ARTICLE VI INCORPORATOR

The name and address of the Incorporator is: John L. Williams, 300 Fifth Avenue South, Suite 101-330, Naples, FL 34102

ARTICLE VII OFFICERS/DIRECTORS

The name and address of the Officers/Directors are:
KENNETH FIRPO - DIRECTOR/PRESIDENT/TREASURER/SECRETARY
240 KENT AVENUE, SUITE B30, BROOKLYN, NY 11249-4121

.....
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 appointment as registered agent and agree to act in this capacity

Agents and Corporations, Inc., Registered Agent

By: [Signature]
John L. Williams, President

11/5/19
Date

By: [Signature]
Signature/Incorporator, John L. Williams

11/5/19
Date

SECRETARY OF STATE
ALACHUA COUNTY, FLORIDA

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