Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839 Fax Number : (305)592-9591

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

-	4.3	Address:

FLORIDA PROFIT/NON PROFIT CORPORATION

Grant 27 Construction, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF INCORPORATION in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

CLE II PRIN			
	Principal street address	Maili	ing address, if different is:
9595 1 Stree	E Ap: 7		
Tressure Islan	nd. FL 33206	•=	
CLE III PURP	<u>ose</u>	Construction	
uppose for which	the corporation is organized is:	CHRUBCHOIL	
			
<u> </u>			
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CLE IV SHAR Imber of shares of	<u>ES</u> stock is: <u>1,000</u>		
CLE IV SHAR Imber of shares of	ES		
CLE IV SHAR imber of shares of CLE V INITIA	<u>ES</u> stock is: <u>1,000</u>		
CLE IV SHAR imber of shares of CLE V INITIA	<u>ES</u> stock is: <u>1,000</u> <u>L OFFICERS AND/OR DIRECTOR</u>	Name and Title	
CLE IV SHAR Imber of shares of CLE V INITIA Name and Title	ES stock is: 1,000 <u>LOFFICERS AND/OR DIRECTOR</u> : Beeno Grant, President	Name and Title	
CLE IV SHAR Imber of shares of CLE V INITIA Name and Title	ES stock is: 1,000 L OFFICERS AND/OR DIRECTOR: Beeno Grant, President 9895 1 Street E. Apt 7 Trelasure Island, FL 33206	Name and Title Address:	
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CLE IV SHAR imber of shares of CLE V INITIA Name and Title Address	ES stock is: 1,000 L OFFICERS AND/OR DIRECTOR: Beeno Grant, President 9895 1 Street E. Apt 7 Trelasure Island, FL 33206	Name and Title:Address:	
CLE IV SHAR imber of shares of CLE V INITIA Name and Title Address	ES stock is: 1,000 LOFFICERS AND/OR DIRECTORS Beeno Grant, President 9895 1 Street E. Apt 7 Treasure Island, FL 33206	Name and Title: Address: Name and Title:	
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Name an	d Title:	Name and Title:	
Address		Address:	
			
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A DELOC CAN	DECLOTED TO CENT		
	<u>REGISTERED AGENT</u> orida street address (P.O. Box NOT acceptable	a) of the registered agent is:	
Name:	Beeno Grant		
Address.	9895 1 Street E. Apt 7		
	Tre asure Island, FL 33206		
ARTICLE VII	<u>INCORPORATOR</u>		
The name and ad	dress of the Incorporator is:		P . M4
Name:	Beeno Grant		•
Address:	9895 1 Street E Apt 7		
	Treasure Island, FL 33206		,
			- -
ARTICLE FIII Effective date if o	EFFECTIVE DATE: other than the date of filing:	ADDITION AT A	
(If an effective da filing.)	ate is listed, the date must be specific and can	inot be more than five days prior or 90 c	lays after the
Note: If the date in the document's eff	inserted to this block does not meet the applicat fective date on the Department of State's record	ole statutory filling requirements, this care vids.	aill not be listed as
	ed in regimesed agent to accept service of process		
8	Driver)	0	4 MD/2022
	Required Signature/Registered Agent	<u></u>	<u>1/20/2022</u> Date
	ment and officen that the facts stated herein a eparament of State constitutes a third degree felt		uton submitted in a
1	tarro/	0	1/20/2022
Required Six of	Fincerperature	Date	

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