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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : FILE RIGHT LLC  
Account Number : F20170000091  
Phone : (718)878-5811  
Fax Number : (718)732-4580

\*\*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  
GRC DEVELOPERS INC.

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 03      |
| Estimated Charge      | \$70.00 |

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**COVER LETTER**

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

**SUBJECT: GRC DEVELOPERS 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: FILE RIGHT LLC**  
Name (Printed or typed)

**5314 16TH AVE, STE 139**  
Address

**BROOKLYN, NY 11204**  
City, State & Zip

**718-878-5811**  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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

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TALLAHASSEE, FL

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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: GRC DEVELOPERS INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
11330 WINGFOOT DRIVE
BOYNTON BEACH, FL 33437

Mailing address, if different is:
11330 WINGFOOT DRIVE
BOYNTON BEACH, FL 33437

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: STEVEN GOLOMB, DIRECTOR Name and Title: DAVID RIVLIN, OFFICER
Address: 11330 WINGFOOT DRIVE Address: 11330 WINGFOOT DRIVE
BOYNTON BEACH, FL 33437 BOYNTON BEACH, FL 33437

Name and Title: LEAH RIVLIN, OFFICER Name and Title:
Address: 11330 WINGFOOT DRIVE Address:
BOYNTON BEACH, FL 33437

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

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TALLAHASSEE, FL

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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: STEVEN GOLOMB  
Address: 11330 WINGFOOT DRIVE  
BOYNTON BEACH, FL 33437

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARK FUCHS  
Address: 5314 16TH AVE. STE 139  
BROOKLYN, NY 11204

**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:*

/s/ STEVEN GOLOMB 05/10/2023  
Required Signature/Registered Agent 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.*

/s/ MARK FUCHS 05/10/2023  
Required Signature/Incorporator Date

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