

5/3/2019

Division of Corporations

Florida Department of State  
 Division of Corporations  
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**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**1111 GRM PROFESSIONAL SERVICES, CORP.**

Certificate of Status	0
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M SIMMONS

MAY 03 2019

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME 1111 GRM PROFESSIONAL SERVICES, CORP.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

301 HIALEAH DR APT: 204

HIALEAH, FL 33010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GISELLE ROSALES MARTINEZ (P) Name and Title:

Address 301 HIALEAH DR Address:

APT: 204

HIALEAH, FL 33010

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

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Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
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**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GISSELLE ROSALES MARTINEZ  
 Address: 301 HIALEAH DR APT: 204  
HIALEAH, FL 33010

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GISSELLE ROSALES MARTINEZ  
 Address: 301 HIALEAH DR APT: 204  
HIALEAH, FL 33010

**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*

Ⓟ \_\_\_\_\_ 5/2/2019  
 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.*

Ⓟ \_\_\_\_\_ 5/2/2019  
 Required Signature/Incorporator Date