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AUG -9 2021 M. SOLOMON

COVER LETTER

	tration Section ion of Corporations					
	GRAND ASSOCIATI	ES INC				
SUBJECT.	1	Name of corporation	- must include	suffix		
Dear Sir or M	adam:					
"Certificate of	"Application by Fore f Existence," or "Cert ced foreign corporation	ificate of Good Stan	ding" and chec			
Please return	all correspondence co ED	ncerning this matter	to the following	ıg:		
		Name of	Person			
ATHER AHM	ED, CPA					
		Firm/Com	pany			
203 FORT LE	E ROAD					
		Addre	:SS			
TEANECK, N	J 0 7 666					
···		City/State a	nd Zip code			
aahmedcpa@g						
	E-mail a	ddress: (to be used f	or future annua	al report r	otific	cation)
For further inf	formation concerning	this matter, please c	all:			
ATHER AHM	ED	551 at ()	265-3356		
Nami	e of Person	Area Code		me Telepl	hone	Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Regi Divis P.O.	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			
		DA DEPARTMENT	OF STATE I \$78.75 Filing Certified Cop			\$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I. GRAND ASSO	CIATES INC			
(Enter name of c	orporation; must include "INCORPORATED, orp," "Inc," "Co," or "Corp.")	" "COMPANY," "CORPORATION,"		
GRAND CONS	TRUCTION ASSOCIATES INC			
(If name unavaila	able in Florida, enter alternate corporate name	adopted for the purpose of transacting business in Flo	rida)	
2. DELAWARE	3	84-4032594		
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)		
4. 12/6/2019	5	-		
(Date	of incorporation)	(Date of duration, if other than perpetual)		
6.				
		n Florida, if prior to registration) 502, F.S., to determine penalty liability)		
7. 3208 N MARKE	TSTREET			
		ce street address)		
WILMINGTON,				
	(Current mailin	g address, if different)		
			2021 AUG -4	
8. Name and stree	et address of Florida registered agent: (P.C	D. Box <u>NOT</u> acceptable)	144 185 180	
Name:	ABDUL KANWAR		数 数 1 1 1	
Office Address:	4342 BANYAN TREE CT			
	JACKSONVILLE	, Florida	AH 10: 00	
	(City)	(Zip code)	2m 0	
designated in this further agree to co	ed as registered agent and to accept servi application, I hereby accept the appointn	ce of process for the above stated corporation a ment as registered agent and agree to act in this elative to the proper and complete performance sition as registered agent.	capacity. I	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS ABDUL KANWAR Chairman □ Chairman Name: 3208 N MARKET STREET Address: □Vice Chairman Address: □Vice Chairman WILMINGTON, DE 19802 □Director □ Director President □President □Vice President □ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer □Other □Other _____ □Other ___ □Other _____ Name: _____ □ Chairman □ Chairman Name: □Vice Chairman Address: ☐ Vice Chairman Address: □ Director □ Director □ President □ President ☐ Vice President ☐ Vice President □ Secretary ☐ Treasurer □ Secretary ☐ Treasurer ☐Other _____ □Other _____ □Other _____ □Other : • Name: □ Chairman □ Chairman Name: □Vice Chairman Address: ____ □ Vice Chairman Address: ____ □Director □Director □President □President □ Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary □ Treasurer □Other _____ □Other _____ □Other _____ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director of Officer The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or

The officer or director signing this document (and who is fisted in number 11 above) affirms that the facts stated herein are true and that he of she is aware that 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.

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Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "GRAND ASSOCIATES INC" IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-SIXTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203758879

Date: 07-26-21

7739144 8300 SR# 20212797787