

D2500000002

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

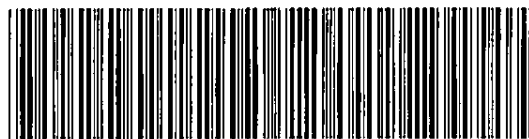
(Document Number)

Certified Copies _____ Certificates of Status _____

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01/06/25--01003--017 **350.00

2025 JAN 7 10:47

RECEIVED
2025 JAN 6 PM 12:16
FBI - TAMPA

RECEIVED

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

Enclosed is an original and one (1) copy of the Declaration of Trust and a check for:

Declaration of Trust	\$350.00
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Certified Copy **\$ 8.75**

Name (Printed or typed)

Address

City, State & Zip

Daytime Telephone number

2025. ... 2:47

**AFFIDAVIT TO THE FLORIDA SECRETARY OF STATE
TO FILE OR QUALIFY**

GRID STONE ESTATES TRUST

A **IRREVOCABLE** TRUST

In accordance with Section 609.02 of the Florida Statutes, pertaining to
Common Law Declarations of Trust, the undersigned, the Chairman of the
Board of Trustees of **GRID STONE ESTATES TRUST**, a
(Name of Trust)

FLORIDA Trust hereby affirms in order to file or qualify
(State)

GRID STONE ESTATES TRUST, in the State of Florida.
(Name of Trust)

1. Two or more persons are named in the Trust.
2. The principal address is **12724 GRAN BAY PKWY W, STE. 410**
JACKSONVILLE, FL 32258
3. The registered agent and street address in the State of Florida is:
DERRICK IVORY
12724 GRAN BAY PKWY W, STE. 410, JACKSONVILLE, FL 32258
4. Acceptance by the registered agent: Having been named as registered
agent to accept service of process for the above named Declaration of Trust
at the place designated in this affidavit, I hereby accept the appointment as
registered agent and agree to act in this capacity.


(Signature of Registered Agent)

5. I certify that the attached is a true and correct copy of the Declaration of
Trust under which the association proposes to conduct its business in
Florida.


NOTARY



LATASHIA E. SMITH
Commission # MH 421072
Expires July 12, 2027


Name: **DERRICK IVORY**
Chairman of the Board of Trustees

Filing Fee: \$350.00
Certified Copy: \$ 8.75 (optional)

2025 JAN 27 10 04 47

GRID STONE ESTATES TRUST

DOCUMENTS INCLUDED
ABSTRACT OF TRUST
CERTIFICATION OF TRUST

12724 Gran Bay Pkwy W, Ste. 410,
JACKSONVILLE, FL, 32258
Gridstoneestates@gmail.com

ABSTRACT OF TRUST

Section I: Trust Information

Trust Information and Dates

- a. The Trust is legally named "GRID STONE ESTATES Trust"
- b. The trust is Irrevocable
- c. This trust was established December 19, 2024 at:
12724 Gran Bay Pkwy W, Ste. 410, JACKSONVILLE, FL 32258,
- d. This trust has not been amended.
- e. The EIN of this trust is 33-6621205

Section II: Trustee Information

Current Acting Trustee(s)

- a. Derrick Ivory, TTEE
- b. Lakita Shantae Ivory, Successor/Secretarial TTEE

The Trust requires unanimous consent among the Trustee(s) to establish an account with respect to Trust assets, but only one trustee is required to be an authorized account manager.
There are currently one Successor Trustee.

Section III: Beneficiary Information

The Certificate Holders are:

- a. Lakita Shantae Ivory
- b. Amina Janae Harris
- c. Serenity Dior Ivory
- d. Arianna Jermoni Ivory

CERTIFICATION OF TRUST

This Certification of Trust was created December 19, 2024. The Trust has been legally created as an Irrevocable Trust. All rights and title to the assets and income of this Trust is vested solely in the Board of Trustees.

I, Derrick Ivory, TTEE certify that I am the trustee of a trust entitled GRID STONE ESTATES TRUST, created by Declaration of Trust dated December 19, 2024.

I, the undersigned, as the current acting Trustee declare and certify to this financial institution:

1. I declare that I have full authority under the above referenced Trust to sign on behalf of the Trust and to open and close accounts, perform deposits, withdraw, and transfer funds on behalf of the Trust.
2. I declare that I have full authority under the above referenced trust to open, enter and remove contents and close safe deposit boxes and open or close accounts.
3. Without limiting the foregoing specifically, I have the authority to open accounts, perform deposits, and withdraw funds, transfer funds, and close accounts at the aforesaid bank.
4. The Trustee will not direct aforesaid bank to take any action unless the Trustee has the power to act and such powers are properly exercised.
5. Pursuant to the terms of the Trust, the Trustee has the power to contract for banking and other financial services and to transfer, purchase and/or sell financial assets and investments, including securities.
6. If requested, we will provide Bank with copies of excerpts of the original Trust instrument and amendments designating the Trustee and/or other powers conferred on Trustee in support of a pending transaction under this certification.
7. The trust has not been revoked, modified or amended in any manner which would cause the representations contained in this certification to be incorrect.
8. All information contained in this certification is true and correct, and you (Aforesaid Bank), as a third party conducting business with the Trustee may rely on this information until you receive written notice of any changes signed by the Trustee.
9. The Trustees may sign for an Electronic Debit Card and/or Credit Card.
10. In addition to the above powers, the Trustee has the following authorities:
 - a. The authority to grant power of attorney.
 - b. The authority to encumber trust property.
 - c. The authority to authorize borrowing on behalf of the trust.
 - d. The authority to appoint a general manager as signer on trust accounts.
11. I agree to defend, indemnify and hold aforesaid Bank harmless from any and all claims, demands, liabilities, costs or expense, including, but not limited to reasonable attorney's fees which it may suffer or incur by any reason of its reliance upon any statement contained herein.

- We declare under penalty of perjury under the laws of the united states of America that the foregoing is true and correct.

I, as the executive trustee certify and verify that this document is true and correct to the best of my knowledge under notary seal:

This document is executed under the penalty of perjury: [in nature of 28 U.S.C. § 1746(1)] expressly without UNITED STATES. [i.e., "28 U.S.C. § 3002(1)(A); U.C.C. § 9-307(h); U.S.C.A. Const. Art. I, § 17-18,"] Administered by a commissioned officer, i.e., Notary Public in accordance who is also acknowledging same [in accordance Fed.R.Evid. 902(1)(B)].

JURAT

~~My Commission Expires~~ _____

FLORIDA JURAT

FS 117.05(13) — Effective January 1, 2020

State of Florida

County of Duval

Sworn to (or affirmed) and subscribed before me by means of

☒ Physical Presence,

— OR —

☐ Online Notarization,

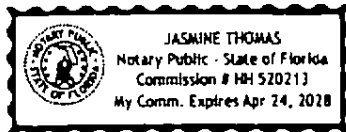
this 27th day of December, 2024 by
Day Month Year

Derrick Ivory

Name of Person Swearing or Affirming

[Signature]
Signature of Notary Public — State of Florida

Jasmine Thomas
Name of Notary Typed, Printed or Stamped



☐ Personally Known

☒ Produced Identification

Type of Identification Produced: Florida

Commercial Driver License

Place Notary Seal Stamp Above

OPTIONAL

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

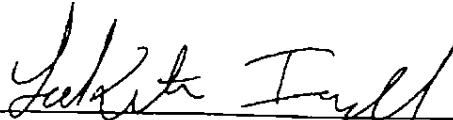
Description of Attached Document

Title or Type of Document: Affidavit to the Florida Secretary of State

Document Date: 12/27/24 To file or qualify ARLENE TRUST Number of Pages: 1

Signer(s) Other Than Named Above: N/A

I as the secretarial trustee certify and verify that this document is true and correct to the best of my knowledge under notary seal:



Lakita Shantae Ivory, TTEE, Successor Trustee

This document is executed under the penalty of perjury: [in nature of 28 U.S.C. § 1746(f)] expressly without UNITED STATES. [i.e., "28 U.S.C. § 3002(15)(A); U.C.C. § 9-307(h); U.S.C.A. Const. Art. I:8:17-18."] Administered by a commissioned officer, i.e., Notary Public in accordance who is also acknowledging same [in accordance Fed.R.Evid. 902(1)(B)].

JURAT

County of _____
State _____

SUBSCRIBED AND SWORN TO before me this _____ day of _____ A.D. 20_____.

Notary Public Signature Seal

My Commission Expires _____

Notary Public in and for the State of Texas

FLORIDA JURAT

FS 117.05(13) — Effective January 1, 2020

State of Florida

County of Duval

Sworn to (or affirmed) and subscribed before me by
means of

☒ Physical Presence,

— OR —

☐ Online Notarization,

this 27th day of December, 2024, by
Day Month Year

Lakita Shantae Ivory
Name of Person Swearing or Affirming

[Signature]
Signature of Notary Public — State of Florida

Jasmine Thomas
Name of Notary Typed, Printed or Stamped

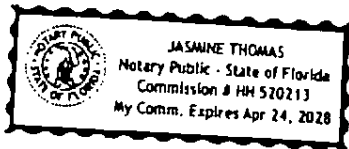
☐ Personally Known

☒ Produced Identification

Type of Identification Produced: Florida

Driver License

Place Notary Seal Stamp Above



OPTIONAL

Completing this information can deter alteration of the document or
fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: Affidavit to the Florida Secretary of State

Document Date: 12/27/24 Number of Pages: 2

Signer(s) Other Than Named Above: N/A