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:	District on of Co.	-norstions	-
	Division of Co		
	Fax Number	: (850) 617-6383	
From:			
	Account Name	: CAPITOL SERVICES, INC.	٠ -
	Account Number	: 120160000017	·
	Phone	: (855)498-5500	<u>.</u>
	Fax Number	: (800) 432-3622	

## FOREIGN PROFIT/NONPROFIT CORPORATION GRAB VALET INC.



Certificate of Status	0
Certified Copy	1
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## **COVER LETTER**

TO: Registration Section Division of Corporations	
GRAB VALET INC	
SUBJECT: Name of corpora	ation - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation "Certificate of Existence," or "Certificate of Good above referenced foreign corporation to transact by	s for Authorization to Transact Business in Florida," Standing" and check are submitted to register the usiness in Florida.
Please return all correspondence concerning this m	natter to the following:
Gregory Rothman	
Nam	e of Person
Grab Valet Inc.	/Company
Firm	(Company
1110 South Alhambra Circle	
	Address
Coral Gables, FL 33146	
City/St	ate and Zip code
gregorykrothman@gmail.com	<u></u>
E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, ple	ease call:
Carlos Cruz-Abrams at (	445-0782
Name of Person Area	Code Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTM	1ENT OF STATE
□ \$70.00 Filing Fee □ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee,

H21000273460

## 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.

"Inc.," "Co.," "Co	orp," "Inc," "Co," or "Corp.")		
(If name unavaila	ble in Florida, enter alternate corporate name	e adopted for the purpose of transacting bus	iness in Florida)
Delaware	3	87-1280100	
(State or country	y under the law of which it is incorporated)	(FEI number, if applica	ble)
4. 06/16/2021		(Date of duration, if other than )	
	of incorporation)	(Date of duration, if other than ]	perpetual)
6			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	
_ 1110 South Alhan	•	1 /	
7	nbra Circle Coral (sables, Fl	ffice street address)	
			707
	(Current mail	ling address, if different)	2071 JUL 16
		O.B. MOT.	۱۳۰۰ و استان ۱۳۰۰ - استان
8. Name and street	t address of Florida registered agent: (P	O. Box NOT acceptable)	, o
Name:	Gregory Rothman		7
Office Address:	1110 South Alhambra Circle		PH 6: 1
Office Address.	Coral Gables, FL	, Florida 33146 (Zip code)	F
	(City)	(Zip code)	
Having been nam designated in this further agree to c	ent's acceptance:  ned as registered agent and to accept ser  sapplication, I hereby accept the appoin  somply with the provisions of all statutes  r with and accept the obligations of my p	itment as registered agent and agree to a relative to the proper and complete pe	act in inis 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				H21000273460
□Chairman	Name:	Chairman	Name:	
□Vice Chairman	Address:	□ Vice Chairman	Address:	
Director	Coral Gables, FL 33146	Director		
■President		□President		
□Vice President		□Vice President		
Secretary	<b>■</b> Treasurer	☐ Secretary		☐ Treasurer
⊡Other	Other	Other	<del></del>	□ Other
□Chairman	Name:	□ Chairman	Name:	
□Vice Chairman	Address:	□Vice Chairman	Address:	
□Director		□Director		
□President		President		
□Vice President		□Vice President		
Secretary	Treasurer	☐ Secretary		Treasurer
Other	Other	Other		□Other 22
□Chairman	Name:	Chairman	Name:	6
□Vice Chairman	Address:	□Vice Chairman	Address:	" کــ ،
□Director		□Director		
□President		☐ President		-ri
□Vice President		□Vice President		
□ Secretary	☐ Treasurer	Secretary		☐ Treasurer
□Other	□Other	□ Other		□ Other
Important Notice: individuals may b	Use an attachment to report more than six (6). The added to the index when filing your Florida Dep	c attachment will be image artment of State Annual R	ероп топп.	
	~			
she is aware that s.817.155, F.S. Gregory Ro		umber 11 above) affirms to Department of State constitution	nat the facts sta tutes a third deg	ated nerein are true and that he or gree felony as provided for in
13	(Typed or printed name and capacity of	person signing application	n)	

## Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "GRAB VALET 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 SIXTEENTH DAY OF JULY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "GRAB VALET INC."

WAS INCORPORATED ON THE SIXTHENTH DAY OF JUNE, A.D. 2021.

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

2021 JUL 16 PM 6: 14

6006532 8300

SR# 20212725181

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203693064

Date: 07-16-21