

F24000002347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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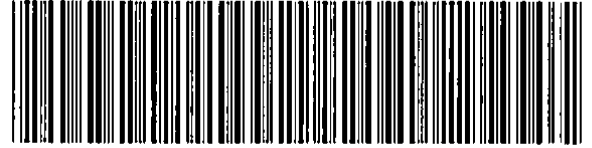
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FL

2024 APR 16 AM 11:41

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GROVE 1701 INC.

Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

AMY M PRESTON

Name of Person

BARNES PRESTON GLOBAL CPAS PA

Firm/Company

2929 E COMMERCIAL BLVD SUITE 409

Address

FORT LAUDERDALE, FL 33308

City/State and Zip code

AMY@BPGCPAS.COM

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

For further information concerning this matter, please call:

AMY M PRESTON

954 491 1950
at (____) _____

Name of Person

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$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.*

GROVE 1701 INC.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. ST KITTS AND NEVIS 3. 98-1471284
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. OCTOBER 26, 2007 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. NONE - DELAYED PENDING OPENING OF BANK ACCOUNT
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)


7. HUNKINS WATERFRONT PLAZA STE 556, CHARLESTOWN, NEVIS ST KITTS AND NEVIS
(Principal office address)
2929 E COMMERCIAL BLVD SUITE 409 FORT LAUDERDALE, FL 33308 US
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: AMY M PRESTON
Office Address: 2929 E COMMERCIAL BLVD SUITE 409
FORT LAUDERDALE, Florida 33308
(City) (Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

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.

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2024 APR 16 AM 11:41
DEPT OF STATE
TALLAHASSEE, FL

8. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: GUSTAF ALLEGARD

Address: HUNKINS WATERFRONT PLAZA STE 556

CHARLESTOWN, NEVIS ST KITTS AND NEVIS

Director: _____

Address: _____

B. OFFICERS

President: _____

Address: _____

Vice President: _____

Address: _____

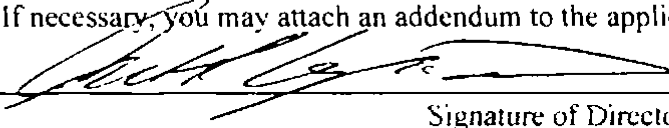
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.  _____

Signature of Director or 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 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.

13. GUSTAF ALLEGARD, DIRECTOR

(Typed or printed name and capacity of person signing application)

**ISLAND OF NEVIS
OFFICE OF THE REGISTRAR OF CORPORATIONS**

CERTIFICATE OF GOOD STANDING

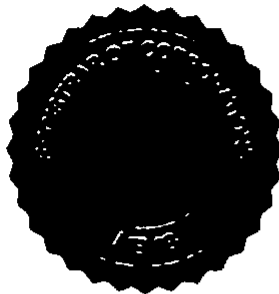
(Issued pursuant to the provisions of Section 30 of the Nevis Business Corporation Ordinance Cap 7:01)

I HEREBY CERTIFY that

GROVE 1701 INC.

was duly incorporated as an International Business Corporation under the provisions of the Nevis Business Corporation Ordinance on *26th October, 2007* and in so far as is evidenced by the records of this office the said corporation is in good standing as at the date below shown.

I FURTHER CERTIFY that the corporation has paid all fees and is not in the process of being wound up and dissolved.



Given under my Hand & Seal at Charlestown
This *20th day of February, 2024*

A handwritten signature in black ink, appearing to read "A. Jones", written over a horizontal line.

Registrar of Corporations



UMNI27VJRV

NO. C 33265