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DATE: 05/27/22

NAME: GROW CENTRAL, INC.

TYPE OF FILING: ARTICLES

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AUTHORIZATION: ABBIE/PAUL HODGE (15 COLUMN)

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

	RINCIPAL OFFICE Principal street address a Street, Suite 2500 e, FL 32202		Mailing address, if different is:
RTICLE III P	URPOSE nich the corporation is organized is:Any_a	nd all lawful l	ousiness
			S.
			TALL A
	HARES es of stock is: 1,000,000 TITIAL OFFICERS AND/OR DIRECTORS		ASSEE, FL
Name and	Title: Jeffrey Glenn Fenley	Name and Title	:_Ivan Van Ortwick,
Address	President and Director	Address:	Director
	4626 Lenox Ave.		4626 Lenox Ave.
	Jacksonville, FL 32205		Jacksonville, FL 32205
Name and	Title: Amberlee Rails, Secretary	Name and Title:	Brandon Burkhart
Address	and Treasurer	Address:	Director
	4626 Lenox Ave		4626 Lenox Ave.
	Jacksonville, FL 32205	-	Jacksonville, FL 32205
Name and	Fitle:	Name and Title:	

Name and	Title:	Name and Title:	
Address	****	Address:	
		-	
ARTICLE VI R	EGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Paracorp Incorporated	_	
Address:	155 Office Plaza Drive, 1st Floor		
	Tallahassee, FL 32301	-	
		~•	
ARTICLE VII I	<u>NCORPORATOR</u>	072 SEV	
The name and add	Iress of the Incorporator is:	The state of the s	
Name:	Michelle Roy	27	Section 1
Address:	1 Ridgegate Drive, Suite 205	PH 12: 30 ASSEE, FL	
	Temecula, CA 92590	က်တွ ်	
·· :		30	
ARTICLE VIII I	EFFECTIVE DATE: ther than the date of filing:	·	
(If an effective da- filing.)	te is listed, the date must be specific and cannot	t be more than five days prior or 90 days after the	
	proported in this blank does not make the analysis.	FI	
the document's effe	ective date on the Department of State's records.	statutory filing requirements, this date will not be listed as	
Having been name	d as revistered agent to accent service of process to	r the above stated corporation at the place designated in this	
certificate, I am fan	niliar with and accept the appointment as registere	d ugent and agree to act in this capacity	
	Storm ASSINGUIT SECULT	5/26/2022	
()	Required Signature/Registered Agent		
I submit this docum	nent and affirm that the facts stated herein are t	rue. I am aware that the false information submitted in a	
accument to the De	partment of State constitutes a third degree felony	as provided for in s.817.155, F.S.	
Required Signature	/ / / / / / / / / / / / / / / / / / /		