

N96000003817

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870

Mailing Address: Post Office Box 10349, Tallahassee, FL 32302

TOLL FREE No. 1-800-342-8062

FAX (904) 222-1222

NAME _____

FIRM _____

ADDRESS _____

PHONE () _____

Service: Top Priority _____ Regular _____
One Day Service Two Day Service

To us via _____ Return via _____

Matter No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

F. CHESSEY JUL 19 1996

REQUEST	TAKEN	CONFIRMED	APPROVED
DATE	7/19		
TIME	9:30		CK No. _____
BY	JD		

WALK-IN
Will Pick Up _____

RE: Grant and Steiner
Found, Inc.

C.C. FEE. DISBURSED

<input checked="" type="checkbox"/> Capital Express™		
<input type="checkbox"/> Art. of Inc. File		
<input type="checkbox"/> Corp. Record Search		
<input type="checkbox"/> Ltd. Partnership File		
<input type="checkbox"/> Foreign Corp. File		
<input checked="" type="checkbox"/> () Cert. Copy(s)		
<input type="checkbox"/> Art. of Amend. File		
<input type="checkbox"/> Dissolution/Withdrawal		
<input checked="" type="checkbox"/> C U S- <u>65</u>		
<input type="checkbox"/> Fictitious Name File		
<input type="checkbox"/> Name Reservation		
<input type="checkbox"/> Annual Report/Reinstatement		
<input type="checkbox"/> Reg. Agent Service		
<input type="checkbox"/> Document Filing		
<input type="checkbox"/> Corporate Kit		
<input type="checkbox"/> Vehicle Search		
<input type="checkbox"/> Driving Record		
<input type="checkbox"/> Document Retrieval		
<input type="checkbox"/> UCC 1 or 3 File		
<input type="checkbox"/> UCC 11 Search		
<input type="checkbox"/> UCC 11 Retrieval		
<input type="checkbox"/> File No.'s, _____ Copies		
<input type="checkbox"/> Courier Service		
<input type="checkbox"/> Shipping/Handling		
<input type="checkbox"/> Phone ()		
<input type="checkbox"/> Top Priority		
<input type="checkbox"/> Express Mail Prep.		
<input type="checkbox"/> FAX () pgs.		
SUBTOTALS		

FEE.....	\$ _____
DISBURSED.....	\$ _____
SURCHARGE.....	\$ _____
TAX on corporate supplies.....	\$ _____
SUBTOTAL.....	\$ _____
PREPAID.....	\$ _____
BALANCE DUE.....	\$ _____
	\$ _____

Please remit invoice number with payment
TERMS: NET 10 DAYS FROM INVOICE DATE
1 1/2% per month on Past Due Amounts
Past 30 Days, 18% per Annum.

THANK YOU
from
Your Capital Connection

TRANSMITTAL LETTER

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

FILED
95 JUL 19 AM 10:44
TALLAHASSEE, FLORIDA

SUBJECT: Grant and Stewart Foundation, Inc.
(Proposed corporate name - must include suffix)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

FROM: Grant
Name (Printed or typed)

1700 East Las Olas Blvd. Ste B
Address

Ft. Lauderdale, Florida 33301
City, State & Zip

954 525-3131
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I Name

The name of the corporation shall be:

Grant and Stewart Foundation, Inc.

TALLAHASSEE, FLORIDA

96 JUL 19 AM 10:44

FILED

ARTICLE II

Principal place of business and mailing address

The principal place of business and the mailing address of this corporation shall be:

1700 East Las Olas Blvd. Ste. 201 B
Ft. Lauderdale, Florida 33301

ARTICLE III Purpose(s)

The specific purpose(s) for which the corporation is organized is (are):

Fundraising

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

As per by-laws.

Filing Fee: \$70.00

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited as follows:

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Sheila Grant
1700 East Las Olas Blvd. Ste. 201 B
Ft. Lauderdale, Florida 33301

ARTICLE VII

Incorporators

See Instructions for officers/directors

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Sheila Grant and Allison Stewart
1700 East Las Olas Blvd. Ste 201 B
Ft. Lauderdale, Florida 33301

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 18 day of July, 1996.

Signature(s) of Incorporator(s):

Allison Stewart

ALLISON STEWART

Typed name of incorporator signing

Sheila A Grant

SHEILA GRANT

Typed name of incorporator signing

Typed name of incorporator signing

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION REGISTERED
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Grant and Stewart Foundation, Inc.
(must include suffix)

2. The name and address of the registered agent and office is:

Sheila Grant
(Name)

1700 East Las Olas Blvd Ste 201 B
(Street address - P. O. Box or Mail Drop Box NOT acceptable)

Ft. Lauderdale, Florida 33301
(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Sheila A. Grant
(Signature)

July 18, 1996
(Date)

FILED
JUL 19 AM 10:44
TREASURY, FLORIDA