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TRANSMITTAL LETTER

01 OCT 29 PM 5: 36

SECNE STATE STATE TALLAHASSEE, FLORIDA

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

SUBJECT: <u>GZOVEPOKT INC.</u> (proposed corporate name)
Enclosed please find an original and one (1) copy of the articles of incorporation for the above corporation and check in the amount of \$
EDOM —

FROM:

Name

Name

1400 GULF BLVD # 701

CLEARWATER, FL, 33767

City, State, & Zip

(757) 595 57/4

Telephone Number

Note: Additional copy of articles is needed when certified copy is requested.

FILED

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SECRE STATE
TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

OF

GROVE PORT, INC

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

GROVE PORT, INC.

ARTICLE II PRINCIPAL OFFICE

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

1400 GULF BLUD SUITE 701 CLEARWATER FL 33767

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ROBERT FORTER
1400 GULF BLVD # 701
CLEARWATER, FL, 33767

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ROBERT PORTUR 1400 GULF BLVD #701 CLEAZWATER FL 33767

JULIA RITCHIE
1400 GULF BLVD # 701
CLEARWATER FL 33767

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

day of OCTOBER, 183001.

Signature

Signature

Signature

Articles of Incorporation Filing Fee - \$35

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: GRBNEPERT, INC
2.	The name and address of the registered agent and office is:
	ROBERT PORTER TS S
	(P.O. Box or Mail Drop Box NOT ACCEPTABLE)
	CLEARWATER Fr. 33767 CONTROL 36 CONTROL 36

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.

July forten (SIGNATURE)

(DATE) 25 01

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314