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OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. GRIZZAFFI'S LANDINGS, INC.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

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-02/11/02--01054--001
****157.50 ****78.75

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

RECEIVED
02 FEB 11 AM 11:30
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials

ARTICLES OF INCORPORATION

OF

GRIZZAFFI'S LANDINGS, 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 I
NAME**

The name of this corporation shall be: **GRIZZAFFI'S LANDINGS, INC.**

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

**ARTICLE II
PRINCIPAL OFFICE**

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

**137 Golden Isles Drive, Unit 1007
Hallandale, Fl. 33009**

**ARTICLE III
CAPITAL STOCK**

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

100 shares at \$1.00 par value

**ARTICLE IV
OFFICERS OF CORPORATION**

PRESIDENT	CARL GRIZZAFFI
VICEPRESIDENT	MARIA GRIZZAFFI
TREASURER	CARL GRIZZAFFI
SECRETARY	MARIA GRIZZAFFI

**ARTICLE V
REGISTERED AGENT AND ADDRESS**

The name and address of the initial Registered Agent is:

**CARL GRIZZAFFI
137 GOLDEN ISLES DRIVE, UNIT 1007
HALLANDALE, FL. 33009**

**ARTICLE VI
INCORPORATOR(S)**

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

**CARL GRIZZAFFI
137 GOLDEN ISLES DRIVE, UNIT 1007
HALLANDALE, FL. 33009**

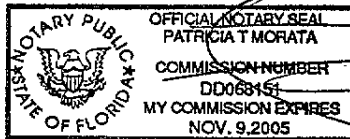
The undersigned has (have) executed these Articles of Incorporation this 8th day of February 2002.


Carl Grizzaffi

STATE OF FLORIDA
COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the Court aforesaid, to take acknowledgments, personally appeared Carl Grizzaffi, to me known to be the person(s) described in and who executed the foregoing instrument or have produced A FL Drivers License as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 8th day of February, 2002.



Patricia T. Morata
NOTARY PUBLIC,
State of Florida at Large
Patricia Morata
(Print Name)

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

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is: GRIZZAFFI'S LANDINGS, INC.

2. The name and address of the Registered Agent and office is:

**CARL GRIZZAFFI
137 GOLDEN ISLES DRIVE, UNIT 1007
HALLANDALE, FL. 33009**



Carl Grizzaffi-Registered Agent
Date:

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

By: 

Carl Grizzaffi- Registered Agent

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SECRETARY OF STATE
TALLAHASSEE FLORIDA