

PO20000126263

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

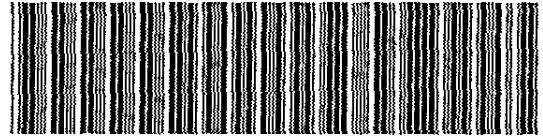
(Business Entity Name)

(Document Number)

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11/15/02--01033--004 **78.75

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02 DEC -2 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-33021

Bm 12/2

TRANSMITTAL LETTER

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

SUBJECT: Grant Diversified Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Ave Marie Grant
Name (Printed or typed)

2395 NW 120th Lane
Address

Coral Springs, FL 33065
City, State & Zip

954-344-8001
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

November 20, 2002

AVE MARIE GRANT
2395 NW 120TH LANE
CORAL SPRINGS, FL 33065

SUBJECT: GRANT DIVERSIFIED INCORPORATED
Ref. Number: W02000033021

We have received your document for GRANT DIVERSIFIED INCORPORATED and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 902A00062665

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Grant Diversified Incorporated

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2395 NW 120th Lane
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Design, manufacturing and Sales

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Ave Marie Grant 2395 NW 120th Lane
President Coral Springs, FL 33065

ARTICLE VI REGISTERED AGENT

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

Ave Marie Grant
2395 NW 120th Lane
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ave Marie Grant
2395 NW 120th Lane
Coral Springs, FL 33065

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Ave Marie Grant
Signature/Registered Agent

11-25-02
Date

Ave Marie Grant
Signature/Incorporator

11-25-02
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA