## P04000138727

(Red	questor's Name)		
(Add	iress)		
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(City	//State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			



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RECAETER OF LOCAL

## TRANSMITTAL LETTER

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Department of State 'Division of Corporati P. O. Box 6927 Tallahassee, FL 323	v	r - Ser V - Ser Francisco		
• •	4. , 4. ,			
SUBJECT:	C'RCIPOSED CORPORA	JE TUC. TENÁME-MUSTINCL	UDIA SUIARIX)	
ent to				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:				
\$70.00 Filing Fee		S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED	
FROM: TAY FONTANA Name (Printed or typed)				
COCAL Speings FL 3307/ City, State & Zip				
954 255-0764  Daytime Telephone number  8 9441 West Sample Rd, Suite 205-  Coral Springs, Re 33047 (Office)				
NOTE: Please provide the original and one copy of the articles.				
Olease se	nd <u>all</u> co.	ins ponda	ace to	
ottic	e address	Than	k you	



## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 29, 2004

JAY FONTANA 11643 NW 11TH PLACE CORAL SPRINGS, FL 33071

SUBJECT: GRAB-IT, INC. Ref. Number: W04000034782

We have received your document for GRAB-IT, INC.. However, the document has not been filed and is being returned for the following:

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6934.

Loria Poole Document Specialist New Filings Section

Letter Number: 704A00056905

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	2 7AL 81		
ARTICLE I NAME  The name of the corporation shall be:	EORETAS		
DON'T SLIBE, INC			
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  9441 WEST SAMPLE RO	S S		
ARTICLE III PURPOSE CORAL SPRIN	165, FZA 33071		
The purpose for which the corporation is organized is:  MARKET UNIQUE PROB	UCTS		
ARTICLE IV SHARES The number of shares of stock is:  ONE HUNDRED SI	4115 (10D)		
ARTICLE V INITIAL OFFICERS AND/OR DIRECTO			
List name(s), address(es) and specific title(s): HOWAND WEISER - PRESIDENT! TAY FONTANA - SECRETARY, TR	DIRECTOR SIRECTOR		
STUART KROST- DIRECTOR			
ARTICLE VI REGISTERED AGENT			
The name and Florida street address (P.O. Box NOT acceptable)  VAY FONTANA  11643 NW 1174 PLACE  CORAZ SPRINGS, FL 33071			
ARTICLE VII INCORPORATOR			
The name and address of the Incorporator is:			
THIERRY FRANKLINI			
9441 WEST SAMPLE ROAD, SUITE 205			
CORRE SPRINGS RE 33067	- 0		
****************	*********		
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, flam familiar with and accept the appointment as registered agent and agree to act in this capacity			
( ay bouland	9-24-04		
Signature/Registered Agent	<u>9-24-04</u> Date		
1/// / · · · · · · · · · · · · · · · · ·			
1/2 hu, Beger	10- 4- 04 Date		
Signature/Incorporator	Date		