

PD5000045788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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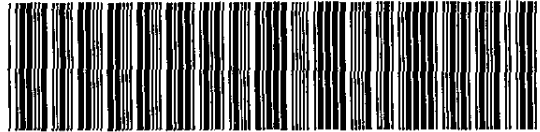
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

vsf
2/28/05

TRANSMITTAL LETTER

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

SUBJECT: Donna Grant Enterprise, Inc.

(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: Dr. Donna M. Grant

Name (Printed or typed)

7840 SW 180 Street

Address

Miami, Florida 33157

City, State & Zip

(305) 232-3446 or cell (305) 205-8396

Daytime Telephone number

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

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:

Donna Grant Enterprise, Inc.

ARTICLE II — PRINCIPAL OFFICE

The principal place of business/mailling address is:

17891 South Dixie Highway, Suite G
Miami, Florida 33157

ARTICLE III — PURPOSE

The purpose for which the corporation is organized is:

To offer training, seminars and workshops in various areas such as but not limited to Reading, Literacy, HIV/AIDS, Crime Prevention, Emergency Shelter Housing, Gangs, Students at Risk, Tutoring, After School Care, write, publish and sell books and work as a consultant.

ARTICLE IV — SHARES

The number of shares of stock is:

one hundred (100)

ARTICLE V — INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Dr. Donna M. Grant, President/CEO - 7840 SW 180 Street, Miami, FL 33157
Linda Stevenson, First Vice President, 1483 North Myrtle Avenue, Jacksonville, FL 32209
Dr. Colin Ford, Second Vice President, P.O. Box 173771, Hialeah, FL 33017
Christopher T. Grant, Treasurer, 7840 SW 180 Street, Miami, FL 33157
Shirley Sanchez, Secretary, 21545 SW 87 Avenue, Miami, FL 33189

ARTICLE VI — REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. Donna M. Grant, 7840 SW 180 Street, Miami, FL 33157

ARTICLE VII — INCORPORATOR

The name and address of the Incorporator is:

Dr. Donna M. Grant, 7840 SW 180 Street, Miami, FL 33157

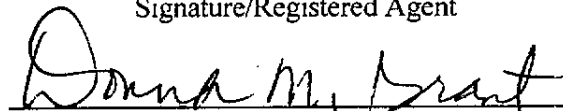
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

3-28-05

Date



Signature/Incorporator

3-28-05

Date

FILED

05 MAR 28 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA