

Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY.

Account Number: 072450003255 Phone: (305)634-3694 Fax Number : (305)633-9696

FLORIDA PROFIT/NON PROFIT CORPORATION

graumann, inc

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HOTOOO140281 ARTICLES OF INCORPORATION

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GRAUMANN, INC	CORETARY OF STATE
(name of corporation)	a but the district of the control of
The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to conscript under the laws of the State of Florida.	tract, bereby form a
ARTICLE 1 - CORPORATE NAME The name of the corporation is:	
GRAUMANN, INC	·
ARTICLE II - DURATION	
This corporation shall exist perpetually unless dissolved according to Florida law.	
ARTICLE III - PURPOSE	
The corporation is organized for the purpose of engaging in any activities or business permitted and Inited States and the State of Florida.	or the laws of the
ARTICLE IV- CAPITAL STOCK	
The corporation is authorized to issue 1, OOO shares (Twon.) of	res".
ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT	
The street address of the Initial Registered Agent office and the name of the Initial Registered Agen	t at that office is:
NAME SASCHA RAY GRAVMANN	
ADDRESS 5527 NW 194 CIRCLE TER.	· · · · · · · · · · · · · · · · · · ·
CITY OPA LOCKA FLORIDA	ZIP 330\$5
The principal office, it known, or the mailing address of the corporation is:	
NAME SAME AS ABOVE	
ADDRESS	
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FLORIDA

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P.02

ARTICLE VI - INITIAL BOARD OF DIRECTORS

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IAME SAMENAS GOAL	LANAMA	
DDRESS 5527 N.W 194	CIRCLE TEP	· · · · · · · · · · · · · · · · · · ·
CITY CIPA LOCKA	STATE FL	ZIP 33.9
AMAI		
DDRESS		
ZITY	STATE	ŹIP
IAME		
ADDRESS CITY	STATE	219
ADDRESS 5527 N.W. 194		
THY OPA LECKA	STATE FL	ZIP 330
NAME	STATE FL	ZP 330
NAME ADDRES\$	STATE FL	ZP 3301
NAME ADDRESS CITY	STATE FL	71P 330
NAME ADDRESS CITY VAME		
NAME ADDRESS CITY		2IP 330.9

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CERTIFICATE AND KNOWLEDGEMENT OF REGISTERED AGENT

2001 MAY 23 A II: 31
CECRETARY OF STATE
ALLAHASSEE, FLORIDA

CERTIFICATE OF REGISTERED AGENT

GRAUMANN THE	
(name of corporation)	···

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at	5527 NW 194 C	elle i	<u>-cr</u>	
	OPA LOCKA, FL	33	<u> </u>	
*	med SAS-ba RAG		,	`*
	at the aforesaid address, as its Registe			ocess within
thic sta	ite.			

ACKNOWLEDGEMENT

Having been named as Registered Agent to accept service of process for the above stated corporation at the place designated in this certificate, and being familiar with the obligations of that position. I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

H07000140281 (registered agent)