

PD9 0000/9/48

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

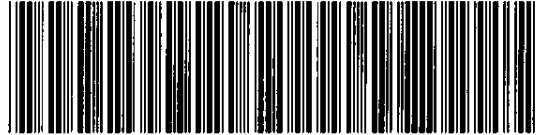
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000144572950

02/27/09--01042--018 \*\*87.50

2009 FEB 27 P 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

MAR -2 2009  
D. A. WHITE

Eli Gabay  
Growth Venture Partners, LLC  
10275 Collins Avenue, Suite 518  
Bal Harbour, FL 33154

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

Re: Filing of Growth Venture Partners, Inc.

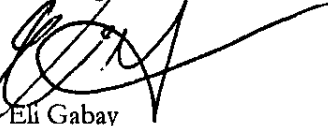
To Whom it may concern,

As the sole owner, registered agent and CEO/managing director of Growth Venture Partners, LLC, I would like to authorize the filing of "Growth Venture Partners, Inc." under my name, per the attached application. I would also like to authorize your department to contact/correspond with me via email at [egabay@growthventurepartners.com](mailto:egabay@growthventurepartners.com)

I have attached the articles of incorporation of Growth Venture Partners, LLC for your reference, as well as the filing documents of "Growth Venture Partners, Inc." as well as the payment check.

Should you have any questions, please feel free to contact me at (305) 904-9900. Thanks in advance.

Kind regards,



Eli Gabay  
CEO and Managing Director

Growth Venture Partners, LLC  
10275 Collins Avenue, Suite 518  
Bal Harbour, FL 33154

(305) 904-9900 cell  
(305) 600-3396 direct  
[egabay@growthventurepartners.com](mailto:egabay@growthventurepartners.com)

## COVER LETTER

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

**SUBJECT:** Growth Venture Partners, 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:** Eli Gabay

Name (Printed or typed)

10275 Collins Avenue, Suite 518

Address

Bal Harbour, FL 33154

City, State & Zip

(305) 600-3396 / egabay@growthventurepartners.com

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)

**FILED**

2009 FEB 27 P 1:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

Growth Venture Partners, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

10275 Collins Avenue, Suite 518, Bal Harbour, Florida 33154

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1,000,000

### **ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Eli Gabay, Chief Executive Officer, 10275 Collins Avenue, Suite 518, Bal Harbour, Florida 33154  
egabay@growthventurepartners.com

### **ARTICLE VI REGISTERED AGENT**

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

Eli Gabay, 10275 Collins Avenue, Suite 518, Bal Harbour, Florida 33154  
egabay@growthventurepartners.com

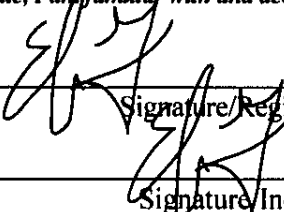
### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Eli Gabay, 10275 Collins Avenue, Suite 518, Bal Harbour, Florida 33154  
egabay@growthventurepartners.com

\*\*\*\*\*

*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

02-20-2009

Date

02-20-2009

Date