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(Re	equestor's Name)	
(Ad	ldress)	
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(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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TO DOT 21 PM 2: 49

SECRETARY OF STATE

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COVER LETTER

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

SUBJECT: GRAND	STUDIOS, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles 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 CO	
		L	
FROM: Da	niel Louis Name	e (Printed or typed)	
940	0 SW 18th Street		
		Address	
Mira	amar, FL 33025	State & Zip	
	City,	oute & Zip	
954	-551-5507		
	Daytime T	elephone number	
dani	ellouis@grandstudios.com		
	E-mail address: (to be use	d for future annual report r	notification)

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

Daniel Louis • 9400 SW 18th Street Miramar, FL 33025 October 15, 2010

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

To Whom it may concern:

Please be advised that the principles of Grand Studios, LLC will be the same principles of Grand Studios, Inc. of which we are filing.

Thank you.

Sincerely,

Daniel Louis
Incorporator

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

ARTICLE I No.	IAME GRAND STUDIOS, IN	NC.		
940	Principal office Principal street address OO SW 18TH Street amar, FL 33025		Mailing address, if different is:	
Any and all law	ch the corporation is organized is: ful business		SLOW DARY OF STALL SHASSES, FL	ロニコフ
The number of shares			DATE 2:	
ARTICLE V II Name and Title Address:	MITIAL OFFICERS AND/OR DIRECTORS AND/OR DIRECTORS STATEMENT OF STATEME	Name and Tit Address:		
Name and Title Address:	Daniel Louis VP 9400 SW 18th Street Miramar, FL 33025	Address:	tle:	
Name and Title Address:	Kelly Louis_TD 9400 SW 18th Street Miramar, FL 3025	Name and Tite Address:	tle:	
	EGISTERED AGENT la street address (P.O. Box NOT acceptable) of the registered a	cont ic:	
Name: Address:	Jocelyne Auguste-Johnson 9400 SW 18th Street Miramar, FL 33025	-	gent is.	
	VCORPORATOR ss of the Incorporator is: Daniel Louis 9400 SW 18th Street Miramar, FL 33025	<u></u>		
Having been named this certificate, I am fo	as registered agent to accept service of procumiliar with and accept the appointment as	ess for the above a Registered agent an	stated corporation at the place designated in d agree to act in this capacity 10/22/2010	
July	Required Signature/Registered Agent		Date	
I submit this docume document to the Depart	nt and affirm that the facts stated herein artment of State constitutes a third degree fel	are true. I am awa ony as provided for	re that the false information submitted in a r in s.817.155, F.S.	
Daniel	Required Signature/Incorporator		10/22/2010 Date	