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(Re	equestor's Name)	
(Ad	ddress)	
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(Ci	ty/State/Zip/Phone	∍ #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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J. SHINGLE JAN 27 SOLL

COVER LETTER

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

7,

SUBJECT: Green Grounds, Inc.				
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u> I	LUDË SUFFIX)		
Enclosed are an original and one (1) copy of the artic	cles of incorporation an	d a check for:		
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED		
·	ADDITIONAL CO	OI I REQUIRED		
FROM: Juan Taveras	(Printed or typed)			
140 SW 117th Avenue, A	Apt. 202 Address	INLLA TALLA	2011	
Pembroke Pines, FL 33		ETARY O	2011 JAN 26	
(646) 685-6009	elephone number	FLORIDA	AM 10: 06	7
jjtaveras@yahoo.com E-mail address: (to be used	for future annual report	notification)		

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 Green Grounds, Inc.		
The name of the	corporation shall be:		
ARTICLE II	PRINCIPAL OFFICE		
ARTICLE II	Principal street address	Malling	ddagg if different in
	140 SW 117th Avenue, Apt. 202		ddress, if different is:
	Pembroke Pines, FL 33025		Avenue, Apt. 202 es, FL 33025
	Fembloke Filles, FL 33023	<u> Femilioke Fine</u>	55, FL 33023
ARTICLE III			
Property ma	which the corporation is organized is:		
. ,			
ARTICLE IV	SHARES		
The number of sh	nares of stock is:1,000		
ARTICIE V	INITIAL OFFICERS AND/OR DIRECTO	PS	
	Title: Juan Taveras, President		
Address:	140 SW 117th Avenue, Apt. 202	Address:	
, , , , , , , , , , , , , , , , , , , ,	Pembroke Pines, FL 33025		
Name and	Title:	Nome and Title	
Address:	Title.	Address:	
riadi obb.			
Name and	Title:	Nome and Title	
Address:	Title:	Name and Title:	
71441033.			
			5. 2
4 D. G. T. G. T.			
	REGISTERED AGENT	- C.A !-+ 4 !	<u> </u>
Name:	lorida street address (P.O. Box NOT acceptable) of Juan A. Lopez, CPA		JAN AHAA
Address:	6780 Taft Street	_	S
71007033.	Hollywood, FL 33024	_	m _m o
	•		
	INCORPORATOR		5 <u>4</u> 8 6
	ddress of the Incorporator is:		
Name:	Juan Taveras		0
Address:	140 SW 117th Avenue, Apt. 202 Pembroke Pines, FL 33025	_	
	·	_	
Having been nar	med as registered agent to accept service of proce	ss for the above stated corp	oration at the place designated in
nis cerujicate, i i	am familiar with and accept the appointment as re	gistered agent and agree to a	act in this capacity
hum	1 Non 1 all		40/0/0040
July	Required Signature/Registered Agent	· · · · · · · · · · · · · · · · · · ·	12/3/2010
\cup	Required Signature/Registered Agent		Date
submit this doc	cument and affirm that the facts stated herein ar	e true. I am aware that the	false information submitted in a
document to the	Department of State constitutes a third degree felor	ny as provided for in s.817.1.	55, F.S.
1	1/2		
E.	(*)		12/3/2010
1	Required Signature/Incorporator		Date