

P13000012404

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
gr closings, inc

Certificate of Status	0
Certified Copy	0
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Corporate Filing Menu

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MRS 2/7/13

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13 FEB -6 AM 10:48

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13 FEB -6 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H130000028850.

COVER LETTER

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

SUBJECT: **GR CLOSINGS, 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: **STACI HERSHEY**

Name (Printed or typed)

20801 BISCAYNE BLVD., SUITE 306

Address

AVENTURA, FLORIDA 33180

City, State & Zip

305-792-0439

Daytime Telephone number

SHERSHEY@GRSHLAW.COM

E-mail address: (to be used for future annual report notification)

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: **GR CLOSINGS, INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

20801 BISCAYNE BLVD.

SUITE 306

AVENTURA, FLORIDA 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

**FOR THE PURPOSE OF OWNING AND OPERATING A
TITLE INSURANCE COMPANY**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **KARYNA GONZALEZ-RABAGH, PRESIDENT**

Name and Title:

Address

20801 BISCAYNE BLVD.

Address:

SUITE 306

AVENTURA, FLORIDA 33180

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
(cont.)

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

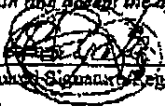
Name: KARYNA GONZALEZ-RABAGH, ESQ.
Address: 20801 BISCAYNE BLVD., SUITE 306
AVENTURA, FLORIDA 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KARYNA GONZALEZ-RABAGH
Address: 20801 BISCAYNE BLVD., SUITE 306
AVENTURA, FLORIDA 33180

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.



Required Signature of Registered Agent

1/31/13

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for by s.817.155, F.S.



Required Signature of Incorporator

1/31/13

Date

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