

08/13/2031 06:10

#4938 P.001/004

**A13000063897**

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000171687 3)))



H130001716873ABC1

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305) 552-5973  
Fax Number : (305) 220-1440

**\*\*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  
GRIVAL KAR, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

RECEIVED  
DIVISION OF CORPORATIONS  
13 AUG - 1 PM 1:38

RECEIVED  
13 AUG - 1 PM 5:08  
DIVISION OF CORPORATIONS  
FLORIDA

8/2  
8

06/13/2031 06:11  
AUG-01-2013 THU 02:22 PM

#4938 P.002/004  
P. 02

H 13000171687

FAX NO.

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Pro fit)

**ARTICLE I NAME**

The name of the corporation shall be: **GRIVALKAR, INC**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

**22143 SCHOOL CRAFT ST**

**CANOGA PARK, CA 91303**

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

**ARTICLE IV SHARES**

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

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

Name and Title: **Varsenik Grigorian (President)**

Address: **984 Coral Club Drive unit 984**

**Napoli Gardens at Coral Springs**

**Coral Springs, FL 33071**

Name and Title: **Grigor Grigorian (Secretary)**

Address: **22143 School Craft St**

**Canoga Park, CA 91303**

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

13 AUG - 1 PM 1:38  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

H 13000171687

06/13/2031 06:11  
AUG-01-2013 THU 02:22 PM

FAX NO.

#4938 P.003/004  
P. 03

H1300017168Z

(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: Luis Rosales  
Address: 5931 N.W 173 Drive, Ste9  
Miami, FL 33015

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Luis Rosales  
Address: 5931 N.W 173 Drive Ste9  
Miami, FL 33015

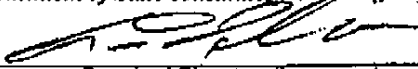
13 AUG - 1 PM 1:38  
DIVISION OF STATE  
CORPORATIONS

*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/Registered Agent

8/1/13  
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 in s.817.155, F.S.*

  
Required Signature/Incorporator

8/1/13  
Date

H1300017168Z