

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 : PADRO AND COMPANY, P.A.

Account Number: 120050000094 Phone : (305)500-9361 Fax Number : (305)500-9492

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

FLORIDA PROFIT/NON PROFIT CORPORATION Grove View Fund, Inc.

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

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FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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

ARTICLE I	NAME:	•	13 UCT 28 AM IQ:
he name of the corp	poration shall be: Grove View Fund, Inc.		
RTICLE II	PRINCIPAL OFFICE		
901	Principal street address Biscayne Blvd,	Mailing ac	ldress, if different is:
****	ite 5706		
	am), FL 33132		
- 1	WIII. 7 C 22-42		
RTICLE III P			
he purpose for wh	ich the corporation is organized is:		
di jawful business :	activities		
RTICLE IV			
he number of share	s of stock is: 5, 500 @ 0.1cent		
RTICLE V	INITIAL OFFICERS AND/OR DIREC	CTORS	
Name and Titl	k: Teahel Calama SD	Name and Title:	
Address: _	900 Riscayne Blvd	Address:	
	Miami, FL. 33132		
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Name and Titl	le:	Name and Title:	
Address:		Address:	
Mana and Tial	1	Nome and Title:	
Name and Title:Address:	·¥i	Address:	
RTICLE VI	<i>REGISTERED AGENT</i> id a street address (P.O. Box NOT accepta	what afthe resident depart is:	
ne <u>name and Flori</u> Name:	Jose F. Padro	ible) of the registered agent (2:	
Name: Address:	2520 NW 97 Ave, Suite 120,		
Addioss.	Miami, FL 33172		
	7		
	INCORPORATOR		
	r <u>ess</u> of the Incorporator is: Jose F. Padro		
Name:	2520 NW 97 Ave. Sufte 120.		
Address:	Miami, FL 33172		
			
aving been named	d as registered agent to accept service of j	process for the above stated corpo	ration at the place designated in
is certificate, I am	familiar with and accept the appointment	as registered agent and agree to a	ct in this capacity
/			-//
Lau	Required Signature/Registered Age		61/25/01
	Required Signature/Registered Age	nt	Date
•			fales information submitted in s
SHOMU INUS GOCUN	nent and offirm that the facts stated here partment of State constitutes a third degree	ut we wat. I am awart mat me , • felowe as pensided for in s.817.15	pase nymmanon suomuse or e S. F.S.
		e poerries no previous per see and the	מברויי פינ
	o F. Vade		10/27/12
	Required Signature/Incorporator		Date