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SECRETARY OF SIME



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COVER LETTER

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

GROVAD COVER LADVITRIES, INC. Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for: FEES: Certificate of Domestication \$ 50.00 Articles of Incorporation and Certified Copy \$ 78.75 Total to domesticate and file \$128.75 **OPTIONAL:** Certificate of Status GROVAD COVER INDUSTRIES, INC.
Name (printed or typed) Po Box 1933 Address SANTA ROSA BEACH, FL 32459 City. State & Zip 347-909-3653 Daytime Telephone Number STEVER LANDSCAPETABRIC. COM

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



14 NOV = 7 DV 2
14 NOV -7 PM 2: PRESIDENT (Title) SECHEMAN OF STA
(Title) SECHERATY OF STA
a foreign corporation,
certify:
DECEMBER 14th, 1995.
irst formed, incorporated, or otherwise
g of this Certificate of Domestication
ncorporation, to be filed pursuant to UNO COVER INDUSTRIES, INC.
rincipal place of business or central jurisdiction under applicable law.
lovstries, INC.
1003170), 1112,
behalf of the corporation and have done
e)
\$ 50.00 Copy \$ 78.75

\$128.75

Total to domesticate and file



ARTICLES OF INCORPORATION

IN COMPLIANCE WITH CHAPTER 607, F.S.

14 NOV -7 PM 2:514

ARTICLE	I	NA	ME
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THE NAME OF THE CORPORATION SHALL BE:

SECRETATIV OF STATE TALLAHASSEE, FLORIDA

GRAND COVER INDUSTRIES,	INC.
ARTICLE II PRINCIPAL OFFICE THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS: Principal Address	Mailing Address
30 N. WILDFLOWER DRIVE	GROUND COVER MOUSTRES, INC.
#621	Po Box 1933
SANTA ROSA BEACH, FL 32AS9	SANTA ROSA BEACH, FL 32459
ARTICLE III PURPOSE THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZ THE TRANSACTION OF ANY OR I WHICH CORPORATIONS CAN BE I FLORIDA BUSINESS CORPORATION	ALL LAWFUL BUSINESS FOR NCORPORATED UNDER THE

ARTICLE IV SHARES 50	7/7
THE NUMBER OF SHARES OF STOCK IS:	
ARTICLE V INITIAL DIRECTORS AND THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITL	
Title/Name	Title/Name
PRESIDENT/STEVEN GAMBLA	
30 N. WILDFLOWER DR., #621	
PRESIDENT/STEVEN GAMBLA 30 N. WILDFLOWER DR., #621 SANTA ROSA BEACH FL 32459	
Title/Name	Title/Name
Title/Name	Title/Name
Title/Name	Title/Name
	



14 NOV -7 PM 2: 54

ARTICLE VI INITIAL REGISTERED	AGENT AND STREET ADDRESS 10104
THE NAME AND FLORIDA STREET ADDRESS (P.O. BE	OX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:
STEVEN GAMBLA	
30 N. WILDFLOWER DR., #621	
SANTA ROSA BEACH, FL 32459	
ARTICLE VII INCORPORATOR	
THE NAME AND ADDRESS OF THE INCORPORATOR IS.	•
STEVEN GAMBLA	
30 N. WILDFLOWER DZ, #621	
SANTA ROSA BEACH, FL 32459	
****************	***************
HAVING BEEN NAMED AS REGISTERED AGENT A	ND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE
	ED IN THIS CERTIFICATE, I AM FAMILIAR WITH AND
ACCEPT THE APPOINTMENT AS REGISTERED AGE	ENT AND AGREE TO ACT IN THIS CAPACITY.
Set Br	11/14
Signature/Registered Agent	Date
& Plon	11/1/14
Signature/Incorporator	Date