

PI5000039107

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

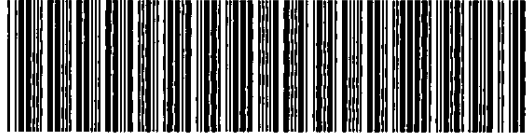
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Certified Copies \_\_\_\_\_

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RECEIVED APR 27 2015

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15 APR 27 PM 11:18  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: GRP Marketing, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Gloria Porter

Name (Printed or typed)

4250 A1A South Unit O12

Address

St. Augustine, FL 32080

City, State & Zip

904-347-3339

Daytime Telephone number

gloriap57@bellsouth.net

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**

The name of the corporation shall be: GRP Marketing, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4250 A1A South Unit O12

St. Augustine, FL 32080

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in E-Commerce Retail of General Merchandise.

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Gloria Porter-President

Name and Title: \_\_\_\_\_

Address

4250 A1A South Unit O12

Address: \_\_\_\_\_

St. Augustine, FL 32080

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

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15 APR 27 PM 11:14  
CLERK OF CIRCUIT COURT  
JAIL, PALM BEACH COUNTY, FLORIDA

(conti.)

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: Gloria Porter  
Address: 4250 A1A South Unit O12  
St. Augustine, FL 32080

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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Gloria Porter  
Address: 4250 A1A South Unit O12  
St. Augustine, FL 32080

*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*

Gloria Porter  
Required Signature/Registered Agent

4/23/15  
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.*

Gloria Porter  
Required Signature/Incorporator

4/23/15  
Date