## P15000084981

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				



600277885406

10/09/15--01019--003 \*\*70.00

SEGRETARY OF STATE TALL AND SECRET FLORISH TALL AND SECRET FLORISH

Office Use Only

15

ch

## **COVER LETTER**

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

SUBJECT: GROCE	$n \rightarrow 0$	So CORP.		
(1	PROPOSED CORPORA	TE NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed are an original and	one (1) copy of the arti	cles of incorporation and	a check for:	
\$70.00 \$73 Filing Fee Filing & Cer		□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: MARGARITA GONZALEZ  Name (Printed or typed)				
2900 N 26TH AVE UNIT 508				
Holly wood FC 33026 City, State & Zip				
	205 - 469-2 Daytime Te	498 elephone number		
	ARIVA W mail address: (to be used	1331 C go	nail: Composition)	

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)

The name of the corpo	TE oration shall be: <u> </u>	& Go	CORP	
ARTICLEII PRII 10728 W	NCIPAL OFFICE Principal street address	<u> 105</u>	Mailing address, if different is: 25 /YW 37.57	<u>~</u>
CORAL S	PRINGS FC		PAL SPRINGS	
33076		<u>330</u>	065	
ARTICLE III PUR	POSE h the corporation is organized is:	Roomin	IC EFRICE	E.C
FOR 3				
		<u>.</u>	<del>.,</del>	SEC
			000	
		· · · · · · · · · · · · · · · · · · ·		- 1287 -
			7	<u> </u>
	.,		2: 20	
The number of shares  ARTICLE V INIT  Name and T	of stock is: <u>/OO</u> FIAL OFFICERS AND/OR DIRECTOR: itle: YOU LITHCE D. MAKT/	NEZ Name and Tit	10 CRISTOBAL J. VI	20% LLAROEL
Address	PRES- 80%	Address:	10535 NW 375	T_
	105.35 NW 375T		CORAL SARIN	
	CORAL SPRINGS P 33065	<u>C</u>	FL 33065	<del></del>
Name and Tit	ile:	Name and Ti	le:	7
Address		Address:		Mary and the same of the same
			/	
/				
Name and Ti	tle:	Name and Tir	le:	
Address		Address:		

Name and Title:	Name and Title:				
Address	Address:				
ARTICLE VI REGISTERED AGENT					
The name and Florida street address (P.O. Box NOT acceptable) o	<del>-</del>				
Name: YOULITHCE D. MARTIN	lEZ				
Name: YOULITHCE D. MARTIN Address: 10535 NW 37 ST	_				
CARAL SARINGS FI					
CORAL SPRINGS FO	65				
ARTICLE VII INCORPORATOR					
The name and address of the Incorporator is:					
Name: YouLITHCE D. MART  Address: 105.35 NW 37 57	INEZ				
Address: 10535 NW 37 57					
CORAL SPRINGS					
CURITIC STRINGS	2 3 3060				
ARTICLE VIIIEFFECTIVE DATE:					
Effective date, if other than the date of filing:	. (OPTIONAL)				
(If an effective date is listed, the date must be specific and cannodays after the filing.)	of the more than live dusiness days prior or 90 business				
Note: If the date inserted in this block does not meet the applicable	statutory filing requirements, this date will not be listed as				
the document's effective date on the Department of State's records.					
Having been named as registered agent to account service of process	s for the above stated corporation at the place designated in				
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I pm familiar with and accept the appointment as registered agent and agree to act in this capacity					
Touthul	10/01/15				
Required Signature/Registered Agent	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.					
for War	10/01/13				
Required Signature/Incorporator	Date				