

P/5000095957

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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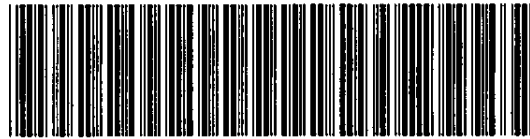
(Business Entity Name)

(Document Number)

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COVER LETTER

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

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TALLAHASSEE, FL 32314

SUBJECT: CR GrapeFruit Blossom, 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
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Penelope Fritzer
Name (Printed or typed)

4020 NW101 DRIVE
Address

Coral Springs, FL 33065
City, State & Zip

954-736-6524
Daytime Telephone number

PFritzer@gmail.com
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: CR Grapefruit Blossom, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

4020 NW 101 Dr.
Coral Springs, FL 33065

Mailing address, if different is:

c/o P. Fritzer
PO Box 3332
Coral Springs FL 33075

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Real estate holding

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President,
sec., Treas,
Director

Name and Title: Penelope Fritzer

Name and Title: _____

Address: 4020 NW 101 Dr.
Coral Springs, FL
33075

Address: _____

Vice-President,
Director

Name and Title: Bartholomew Bland

Name and Title: _____

Address: 4020 NW 101 Dr.
Coral Springs, FL
33075

Address: _____

Name and Title: _____ Name and Title: _____

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) of the registered agent is:

Name: Penelope Fritzer
Address: 4020 NW 101 Dr.
Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Penelope Fritzer
Address: 4020 NW 101 Dr.
Coral Springs, FL 33065

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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 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

Penelope Fritzer
Required Signature/Registered Agent

11/17/2015
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.

Penelope Fritzer
Required Signature/Incorporator

11/17/2015
Date