

12/20/2008

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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

**FLORIDA PROFIT/NON PROFIT CORPORATION  
GRIFFITH & BRIAN INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

16 FEB -8 PM 3:51

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*[Handwritten signature]*  
2/9/16

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**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

16 FEB -8 PM 1:15

CLERK OF THE STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME:** The name of the corporation is:

Griffith & Brian Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

31 E. 44<sup>th</sup> St  
Jacksonville FL 32208

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Roberto T. Mendez (P)  
Olga Lilia Griffith (VP)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Roberto T Mendez  
31 E 44<sup>th</sup> St  
Jacksonville FL 32208

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Roberto T Mendez  
31 E 44<sup>th</sup> St  
Jacksonville FL 32208

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12/20/2033 06:25

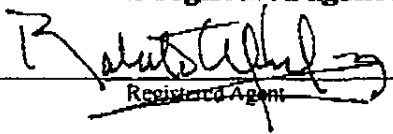
#4690 P.003/003

FROM ANNA HOME HEALTH AGENCY CORP. 904 7334472 (NON)FEB 8 2016 10:57/ST. 10:56/No. 7330860151 P 0

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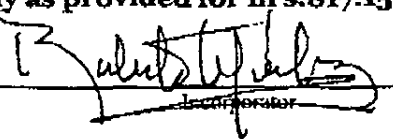
**Required Signatures:**

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

  
\_\_\_\_\_  
Registered Agent

2-8-16  
\_\_\_\_\_  
Date

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.

  
\_\_\_\_\_  
Incorporator

2-8-16  
\_\_\_\_\_  
Date

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DEPT. OF STATE  
CORPORATE DIVISION  
TALLAHASSEE, FLORIDA

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