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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 : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (800)221-2972
Fax Number : (888)692-9256

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
GROTE & ASSOCIATES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

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: GROTE & ASSOCIATES, INC.

ARTICLE II PRINCIPAL OFFICEPrincipal street address

Mailing address, if different is:

6929 WEST UNIVERSITY AVE APT 2A

6929 WEST UNIVERSITY AVE APT 2A

GAINSVILLE, FL 32607

GAINSVILLE, FL 32607

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The sole purpose of the corporation is to engage in the operation of an Amway business. The corporation is not formed to engage in any act or activity requiring the consent or approval of any state official, department, board, agency or other body without such consent or approval first being obtained.

ARTICLE IV SHARES

100 comon shares/ par value1

The number of shares of stock is: 100 preferred shares/par value 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VINCENT C. GROTE, Director

Name and Title: APRIL D. GROTE, DIRECTOR

Address: 6929 WEST UNIVERSITY AVE APT 2A

Address: 6929 WEST UNIVERSITY AVE

GAINSVILLE, FL 32607

APT 2A

GAINSVILLE, FL 32607

Name and Title:

Name and Title:

Address:

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: VINCENT C. GROTE
Address: 6929 WEST UNIVERSITY AVE APT 2A
GAINSVILLE, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name: VINCENT C. GROTE
Address: 6929 WEST UNIVERSITY AVE APT 2A
GAINSVILLE, FL 32607

ARTICLE VIII EFFECTIVE DATE:

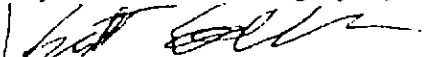
Effective date, if other than the date of filing: January 01, 2019 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

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

x  12-21-18
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.

x  12-21-18
Required Signature/Incorporator Date