

5/3/2019

Division of Corporations

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

P19000036757

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FLORIDA PROFIT/NON PROFIT CORPORATION
1111 GRM PROFESSIONAL SERVICES, CORP.

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M SIMMONS

MAY 03 2019

Electronic Filing Menu

Corporate Filing Menu

Help

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: GISSELLE ROSALES MARTINEZ
 Address: 301 HIALEAH DR APT: 204
HIALEAH, FL 33010

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GISSELLE ROSALES MARTINEZ
 Address: 301 HIALEAH DR APT: 204
HIALEAH, FL 33010

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 days prior or 90 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

(Signature)
 _____ Required Signature/Registered Agent _____ 5/2/2019 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.

(Signature)
 _____ Required Signature/Incorporator _____ 5/2/2019 Date