## P20000000240

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

Department of State New Filing Section Division of Corporations P. O. Box 6327 Fallahassee, FE 32314

SUBJECT: F	LORISE, INC.			
	(PROPOSED CORPOR	ATE NAME - <u>MUST INCL</u>	('DE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	ta check for:	
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	S87.50 Filing Fee. Certified Copy & Certificate of Status  DPY REQUIRED	
and letter a	allienzing ruse of ne	l		
FROM:	Darren Arithoppah			
	Nam	e (Printed or typed)		
	2234 N. Federal Hwy #20	136		
		Address		
	Boca Raton, FL 33431			
	City, State & Zip			
	646-831-4938			
<del></del>	Daytime	Telephone number		
	admin/a/grandbaycapital.c	com		
	E-mail address: (to be use	ed for future annual report i	notification)	

NOTE: Please provide the original and one copy of the articles.

Grand Bay Capital
2234 N. Federal Hwy #2036
646-831-4938
darren.arithoppah@grandbaycapital.com
www.grandbaycapital.com

NOVEMBER 21, 2019

## Department of State

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

Dear Department of State,

Attached is a filing for a corporation to be named FLORISE, INC. to be incorporated by Florida Sunrise Fund, LLC.

I am the manager of Grand Bay Capital, LLC, which is the manager of Florida Sunrise Fund, LLC, which is the manager of Fl.ORISE, LLC. I authorize the same name to used for the formation of FLORISE, INC.

As such, Florida Sunrise Fund, LLC. will be the manager of both FLORISE, LLC and FLORISE, INC.

Please let me know if you require any additional information.

Thank you,

Darren Arithoppah

AS MANAGER OF GRAND BAY CAPITAL, LLC, MANAGER OF FLORIDA SUNRISE FUND, LLC, MANAGER OF FLORISE, LLC

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

TICLE II DOLL	CIBAL OFFICE		
TICLE II PRIN	Principal <u>street</u> address	Mailing add	lress, if different is:
19 52nd Street		2234 N. Federal Hw	y #2036,
angonia Park, FL 3	3407	Boca Raton, FL 3343	
<del>-</del>			
FICI.E.III PURP purpose for which	OSE the corporation is organized is:		
e corporation shall	conduct any and all lawful business des	emed appropriate to execute the co	orporation's objectives.
ecifically, the corpo	oration shall make all efforts, and is prin	marily intended to conduct any an	d all lawful business, as long
h is in the pursuit one Business as def	of the corporation being classified as a 'ined by Section 1400Z-2(d) of the Inte	'Qualified Opportunity Zone Busi	iness." A Qualified Opportuni
	perty owned or leased by the taxpayer is		
	aragraphs (2), (4), and (8) of Section 13		
4(c)(6)(B).			
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TICLE IV SHAR	<u>(A.S.</u> f stock is: 10,000		74. Up
Hamber of Marca o	i stock is.		
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****** ** ** ******			2015 NOV 25
	AL OFFICERS AND/OR DIRECTORS	<del></del>	25
		Name and Title:	25
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Name and Title:		Name and Title:	
Address		Address:	
	REGISTERED AGENT Torida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Darren Arithoppah		
Address:	3473 Pine Haven Cir		
	Boca Raton, FL 33431	<del>-</del>	
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	Florida Sunrise Fund, LLC		
Address:	1219 52nd Street		
	Mangonia Park, FL 33407	<del>-</del>	
Effective date, in	EFFECTIVE DATE: fother than the date of filing: 11/21/2019 date is listed, the date must be specific and can	. (OPTIONAL) not be more than five days prior or 90 days after the	
	e inserted in this block does not meet the applicabeffective date on the Department of State's recorde	le statutory filing requirements, this date will not be listed as s.	
	med as registered agent to accept service of process familiar with and accept the appointment as regist	for the above stated corporation at the place designated in the lered agent and agree to act in this capacity	
	THUR	11/21/2019	
	Required Signature/Registered Agent	Date	
I submit this do document to the	cument and affirm that the facts stated herein ar Department of State constitutes a third degree felo	re true. I am aware that the false information submitted in my as provided for in s.817.155, F.S.	
	Ditto	11/21/2019	
Required Signat	ure/incorporator	Date	
AS MANAGE	R OF GRAND BAY CAPITAL, LLC, MANAGE	R OF FLORIDA SUNRISE FUND, LLC,	