

P200000010843

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

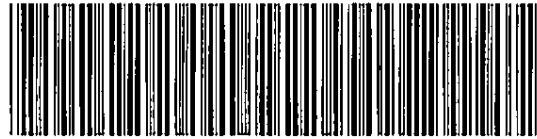
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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2020 FEB -7 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FL

20 FEB -7 AM 10:09

N CULLICOTT

FEB 11 2021

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 2/7/2020

****WALK IN****

ENTITY NAME AARON AND CAROL GROBER CONSULTING CORPORATION

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certificate of Good Standing

****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED 78.75

ACCOUNT #: I20160000072

S. R. M.

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Aaron and Carol Grober Consulting Corporation
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

² \$70.00 \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: DOLORES BURTON
Name (Printed or typed)

100 STATE ST
Address

ALBANY NY 12207
City, State & Zip

Daytime Telephone number

MARK@SCHANKERHOCHBERG.COM
E-mail address: (to be used for future annual report notification)

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

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

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE I NAME

The name of the corporation shall be: Aaron and Carol Grober Consulting Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

715 William Street

Key West, FL 33040

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any lawful purpose permitted under the

Florida Business Corporation Act

ARTICLE IV SHARES

The number of shares of stock is: 200 shares common

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aaron Grober, President

Name and Title: _____

Address One Sunrise Plaza

Address: _____

Valley Stream, NY 11580

Name and Title: Carol Grober, Secretary/Treasurer

Name and Title: _____

Address One Sunrise Plaza

Address: _____

Valley Stream, NY 11580

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: Steven Schanker
Address: 715 William Street
Key West, FL 33040

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Steven Schanker
Address: 715 William Street
Key West, FL 33040

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



Required Signature/Registered Agent

2-6-20

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.



Required Signature/Incorporator

2-6-20

Date

SECRETARY OF STATE
FLORIDA

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