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Division of Corporations To: Fax Number : (850)617-6381 Account Name : ALLSTATE CORPORATE SERVICES CORP From: Account Number : 120040000031 Phone : (800) 906-9220 Fax Number : (800)906-9880

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

Gruvi Capital Corp.

Grilyi Capital Corp.	
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COVER LETTER

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

SUBJECT: Gruvi Capital Corp. (PROPOSED CORPORATE	NAME - MUST INCLUI	je sufflx)
Enclosed are an original and one (1) copy of the articl S70.00 \$78.75 Filing Fee Certificate of Status	S78.75 Filing Fee & Certified Copy	Filing Fee, Certified Copy & Certificate of Status
	ON STREET	SUITE 1
	Telephone number 3.COM sed for future annual repo	ort notification)

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

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

In compliance with Shape-	
ARTICLE I NAME Gruvi Capital	Corp.
ARTICLE I NAME The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE Principal stress address	Mailing address, if different is:
Principal street address Clo Palmetto, Motivaro & Pasastello, LLP 2801 W. Cypress Croek Road, Suita #120	
1 33309	r.) husingss
Ft. Lauderdale, FL 00000 ARTICLE III PURPOSE The purpose for which the corporation is organized is:	ny and all lawful business.
ARTICLE IV SHARES The number of shares of stock is:	
_	CCTORS
A Title:	Name and Title:Address:
Address	
Name and Title:	Name and Title:
Address	Address:
	Name and Title:
<u></u>	Address:
Address	

	Name and	Title:
Name and 1 Address	Title: Name and Address:	
ARTICLE VI R	EGISTERED AGENT Prida street address (P.O. Box NOT acceptable) of the register	ered agent is:
Name:	Registered Agent Coldania	2020 HAY
Address:	155 Office Plaza Dr., Suite A	HAY 2
дошезэ.	Tallahassee, FL 32301	
ADDICE VII	<u>INCORPORATOR</u>	7 7 72 22 3
	ddress of the Incorporator is:	÷ 30
	Bruno Cillo, Esq.	
Name:	230 Park Avenue, Suite #2415	
Address:	New York NY 10169	
ABTICÍ F VIÌ	I EFFECTIVE DATE:	(OPTIONAL)
Effective date,	if other user the date must be specific and cannot be in	nore than five days prior or 30 227
filing.)	meet the applicable statut	tory filing requirements, this date will not be list
the document	3 CHOMY Tare	to a continuation at the place designated
certificate, 1	named as registered agent to accept service of process for the amed as registered agent to accept service of process for the am familiar with and accept the appointment as registered agent familiar with and accept the appointment as registered agent for the accept	of Jacobsolias Jac. Date
Jan Jan	Required Signature/Registered Agent Signature/Registered	e. I am aware that the false information submit
I submit thi document to	s document and affirm that the facts stated herein are true the Department of State constitutes a third degree felony as	provided for in \$.617,133, 7.05 5/27/2020
2	ignature/incorporator	Date

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