

P 20009077065

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TALLAHASSEE, FLORIDA

DT

## COVER LETTER

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

SUBJECT: Grown Women on the Grind, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00 Filing Fee  
☒ \$78.75 Filing Fee  
& Certificate of Status

☐ \$78.75 Filing Fee  
& Certified Copy  
☐ \$87.50 Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Grown Women on the Grind, Inc.  
Name (Printed or typed)

5000 W. Midway Rd., Unit 13155  
Address

Fort Pierce, FL 34979  
City, State & Zip

772-301-2512  
Daytime Telephone number

amina.amran@gmail.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)

ARTICLE I NAME

The name of the corporation shall be: Grown Women on the Grind, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

8537 Cobblestone Drive  
Ft. Pierce, FL 34945

Mailing address, if different is:

5000 W. Midway Road  
Unit 13155

Fort Pierce, FL 34979

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: retail sales of products and  
book keeping services to small businesses

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eva M. Crooks, President Name and Title: \_\_\_\_\_

Address 8537 Cobblestone Dr. Address: \_\_\_\_\_

Ft. Pierce, FL 34945

Name and Title: Amraa Amraa, Vice Pres. Name and Title: \_\_\_\_\_

Address 8537 Cobblestone Dr. Address: \_\_\_\_\_

Ft. Pierce, FL 34945

Name and Title: Deron Crooks, Vice Pres. Name and Title: \_\_\_\_\_

Address 8537 Cobblestone Dr. Address: \_\_\_\_\_

Ft. Pierce, FL 34945

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CLERK OF DISTRICT COURT  
FORT PIERCE, FLORIDA

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: Eva M. Crooks  
Address: 8537 Cobblestone Dr.  
Ft. Pierce, FL 34945

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Amina Amran  
Address: 8537 Cobblestone Dr.  
Ft. Pierce, FL 34945

**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*

Eva Crooks  
Required Signature/Registered Agent

9-2-2020  
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.*

Amina Amran  
Required Signature/Incorporator

9-2-2020  
Date

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