

(Red	questor's Name)	
(Add	lress)	
(Add	iress)	
(City	//State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doc	cument Number)	
rtified Copies	Certificates	of Status
pecial Instructions to F	Filing Officer:	

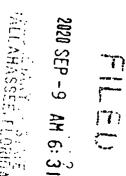
Office Use Only



900351599629

. . . .

09/09/20--01021--019 **78.75





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

№ \$78.75

Filing Fee

Filing Fee

& Certificate of Status

□ \$78.75

.75 🗆 \$87.50

Filing Fee

Filing Fee.

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

	nen on the Grind Inc. Name (Printed or typed)	
Sono W. I	Midway Rd. Linit 1315	2020 : All
	Address	च्चें च्चें
Fort Pier	ce, FL 34979 City, State & Zip	\$500 -9
	City, State & Zip	
	772 - 301 - 2512 Daytime Telephone number	ිසින් ය සිනින ය
	Daytime Telephone number	· , —

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)

Principal <u>street</u> address 537 Cobblestone Drive t. Rerce, FL 34945	Mailing address, if different is: <u>5000 W. Midway Road</u> <u>unit 13155</u>
·	Fort Prence, FL 34979
RTICLE III PURPOSE	with cotilocter of amolests and
to all the colors which the corporation is organized.	retail sales of products and
book Keeping services to	5 Small Distribused
	2620
	SEP
	n I
RTICLE IV SHARES	<u>्र</u> िं <u>ल</u>
ne number of shares of stock is: 100	
RTICLE_1' INITIAL OFFICERS AND/OR	TO THE PART TO BE
	ص <u>لا جا بعد عام S</u> agne and Title:
	- 4
_	tone Dr Address:
Ft. Pierce, FL	<u>. 34945 </u>
Name and Title: Amraa Ami	ran, Vice Pres Name and Title:
	stone Dr Address:
Ft. Pierce FL	·
<u></u>	<u> 34946 </u>
Name and Title: Deron Croo	Ks Vice Pres. Name and Title:
Address 8537 Cobble	Stone Dr. Address:

 Name and Title 	·	Name and Title:	
Address		Address:	
Name:	street address (P.O. Box NOT acceptable) of	- -	2020 SEP -9 AM 6: 31
ARTICLE VIII EFFI Effective date, if other t (If an effective date is filing.) Note: If the date inserte	,	(OPTIONAL) of be more than five days prior	-
Having been named as i	registered agent to accept service of process for with and accept the appointment as register MDB to Required Signature/Registered Agent	ed agent and agree to act in this	
	and affirm that the facts stated herein are nent of State constitutes a third degree felon personal or		