Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone : (305)552-5973 Fax Number : (305)675-5944

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 GRABBA WRAPEE, INC.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

J. FASON

DEC 0 9 2020

Corporate Filing Menu

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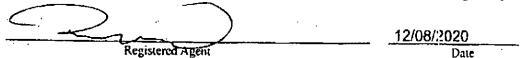
ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:

GRABBA WRAPEE,INC.	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
3105 NW 107 AVE SUITE 400- A3	
DORAL, FL 33172	
ARTICLE III SHARES: The number of shares of stock is: 1000	
ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:	
PRESIDENT: ROBERT MEDEROS	
282	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:	
The name and Florida street address (PO Box not acceptable) of the registered agent is:	
ROBERT MEDEROS	
3105 NW 107 AVE SUITE 400- A3	
DORAL , FL 33172	
ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:	
ROBERT MEDEROS	
3105 NW 107 AVE SUITE 400- A3	
DORAL , FL 33172	

Required Signatures:

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



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.

Incorporator

12/08/2020 Date

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