

P2100065283

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FILE RIGHT LLC
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Fax Number : (718) 732-4500

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Email Address: sales@fileacorp.com

FLORIDA PROFIT/NON PROFIT CORPORATION

GRIFF CONSULTING CORP.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

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COVER LETTER

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

SUBJECT: GRIFF CONSULTING CORP.
(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: FILE RIGHT LLC
Name (Printed or typed)

 5314 16TH AVE, SUITE 139
Address

 BROOKLYN, NY 11204
City, State & Zip

 718-878-5811
Daytime Telephone number

 sales@fileacorp.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 NAMEThe name of the corporation shall be: GRIF CONSULTING CORP.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

8909 NW 38TH DRIVE8909 NW 38TH DRIVECORAL SPRINGS, FL 33065CORAL SPRINGS, FL 33065**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: ANY LAWFUL PURPOSE**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: MENACHEM GRIFKIN, PRESIDENT

Name and Title: _____

Address

8909 NW 38TH DRIVE

Address: _____

CORAL SPRINGS, FL 33065

Name and Title: _____

Name and Title: _____

Address

Address: _____

Name and Title: _____

Name and Title: _____

Address

Address: _____

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Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name:	MENACHEM GRIFKIN
Address:	8909 NW 38TH DRIVE
	CORAL SPRINGS, FL 33065

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is

Name:	AVI KELLER
Address:	886 EAST NEW YORK AVENUE
	BROOKLYN, NY 11203

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:

_____ /s/ Menachem Grifkin Required Signature/Registered Agent	7/15/21 _____ Date
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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.

_____ /s/ Avi Keller Required Signature/Incorporator	7/15/21 _____ Date
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