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COVER LETTER

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

SUBJECT: GRAB ENTERPRISE, 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 ☐ \$87.50 Filing Fee
Filing Fee, Certified Copy
& Certified Copy & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: JOHN M. GRAB

Name (Printed or typed)
GRAB ENTERPRISE, INC.

Address

1117 NE 4TH ST

City, State & Zip

HALLANDALE BEACH, FL 33009

Daytime Telephone number
954-263-7517

E-mail address: (to be used for future annual report notification)
manuel.grab1998@gmail.com

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)

ARTICLE I NAME

The name of the corporation shall be: GRAB ENTERPRISE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1117 NE 4TH ST

HALLANDALE BEACH, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To engage in any lawful act or activity for which a corporation may be organized under the General Corporation Law of the State of Florida other than the banking business, the trust company business or the practice of a profession permitted to be incorporated by the Florida Corporations Code.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JOHN MANUEL GRAB Name and Title: _____
CHIEF EXECUTIVE OFFICER (CEO)

Address: 1117 NE 4TH ST Address: _____
HALLANDALE BEACH, FL 33009

Name and Title: MIRIAM CHIRLA Name and Title _____
CHIEF FINANCIAL OFFICER (CFO)

Address: 1117 NE 4TH ST Address: _____
HALLANDALE BEACH, FL 33009

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: JOHN MANUEL GRAB

Address: 1117 NE 4TH ST
HALLANDALE BEACH, FL 33009

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JOHN MANUEL GRAB

Address: 1117 NE 4TH ST
HALLANDALE BEACH, FL 33009

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:

Required Signature/Registered Agent
JOHN M. GRAB

07.20.2021
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.

Required Signature/Incorporator
JOHN M. GRAB

07.20.2021
Date