P2100067996

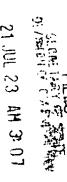
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



000370290630

07/23/21--01020--024 **70.00



COVER LETTER

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

SUBJECT: GRA	AB ENTERPRISE, INC. (PROPOSED CORPORA)	TE NAME – <u>MUST INCLUDE SUFFIX</u>)	
Enclosed are an orig	\$78.75	icles of incorporation and a check for: \$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy Certified Cop & Certificate of Status ADDITIONAL COPY REQUIRED	
FROM:	Name	(Printed or typed)	
	Address 1117 NE 4TH ST		
		State & Zip E BEACH, FL 33009	
	•	lephone number 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	E, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
HALLANDALE BEACH, FL 33009	
ARTICLE III PURPOSE The purpose for which the corporation is organized is: _To enganized under the General Corporation Law of the State of Flor the practice of a profession permitted to be incorporated by the practice of a profession permitted by the practice of a profession permitted to be incorporated by the practice of a profession permitted by the practical permitted by the permitted by the permitted by the permitted	age in any lawful act or activity for which a corporation may be orida other than the banking business, the trust company business he Florida Corporations Code.
ARTICLE IV SHARES The number of shares of stock is: 1,000	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR	<u>s</u>
Name and Title: JOHN MANUEL GRAB CHIEF EXECUTIVE OFFICER (CEO)	Name and Title:
Address: 1117 NE 4TH ST HALLANDALE BEACH, FL 33009	Address:
Name and Title: MIRIAM CHIRLA	Name and Title
Address: 1117 NE 4TH ST HALLANDALE BEACH, FL 33009	Address:
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 accept	otable) of the registered agent is:
Name: JOHN MANUEL GRAB	
Address: 1117 NE 4TH ST	
HALLANDALE BEACH, FL 33009	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> 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)
	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 app document's effective date on the Department of State's record	licable statutory filing requirements, this date will not be listed as the ds.
Having been named as registered agent to accept service of certificate. I am familiar with and accept the appointment a	process for the above stated corporation at the place designated in this s registered agent and agree to act in this capacity
	07.20.2021
Required Signature/Registered Ag JOHN M. GRAB	
I submit this document and affirm that the facts stated here to the Department of State constitutes a third degree felony	in are true. I am aware that the false information submitted in a docume as provided for in s.817.155, F.S.
7	67.26 2621

Date

Required Signature/Incorporator

JOHN M. GRAB