Production of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD

Account Number : 120070000019 Phone : (518)689-1212

Fax Number : (518)432-0742

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA PROFIT/NON PROFIT CORPORATION GRAZEDEFLEUR, INC

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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMI The name of the corpor	E GRAZ	EDEFLEUR, INC	
ARTICLE II PRIN			ess, if different is:
12654 TOR	BAY DR	12654 TORB	AY DR
BOÇA RAT	ON FL 33428	BOCA RATO	N FL 33428
ARTICLE III PURP The purpose for which	OSE the corporation is organized is:	WHOLESALE	
ARTICLE V INITI	f stock is:200 AL OFFICERS AND/OR DIRECTO	· 	SEURE LARY OF ALLAHASSEE, F
Name and Tit		Name and Title:	FE SAI
Address	PRESIDENT	Address:	
	12654 TORBAY DR		······································
	BOCA RATON FL 33428		
Name and Title	e: YAN BRODSIY	Name and Title:	
Address	VICE-PRESIDENT	Address:	
	12654 TORBAY DR		
	BOCA RATON FL 33428		
Name and Title	e:	Name and Title:	
Address		Address:	
			·

Name and Title:		Name and Title:		
Address		Address:		
ARTICLE VI REGIS	STERED AGENT street address (P.O. Box NOT acceptable)	of the registered agent is:		
Name:	YELENA MERKINA	<u> </u>		
Address:	12654 TORBAY DR			
	BOCA RATON FL 33428			
ARTICLE VII INCO	RPORATOR			
The name and address	of the Incorporator is:		20 TA	
Name:	YELENA MERKINA	_	POR HAR 2	
Address:	12654 TORBAY DR		MAR 24 KEJARYANHASSEE	
-	BOCA RATON FL 33428		SEE F	
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca filing.)		(OPTIONAL) not be more than five days prior o	SIAFE	
Note: If the date insert	ed in this block does not meet the applicate to date on the Department of State's record	ole statutory filing requirements, this ls.	date will not be listed as	
Having been named as a certificate, I am familia.	registered agent to accept service of process r with and accept the appointment as regist	s for the above stated corporation at t tered agent and agree to act in this co	he place designated in this spacity	
/s/ Y	ELENA MERKINA		03/24/2022	
	Required Signature/Registered Agent		Date	
I submit this document document to the Depart	and affirm that the facts stated herein a ment of State constitutes a third degree fel	re true. I am aware that the false ir ony as provided for in s.817.155, F.S.	sformation submitted in a	
/s/ YE	ELENA MERKINA		03/24/2022	
Required Signature/Inco	orporator	Date		