## P22000087289

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certificates of Status			
ecial Instructions to Filing Officer:			

Office Use Only



000397790380

S. CHATHAM

SECRITARY OF STATE POLICY STATE PRINTS OF CORPORATIONS 27 11/22/22

RECEIVED

## **COVER LETTER**

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

SUBJECT: GRAT	US CPA & ADVISORS INC			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:	
S70.00     Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate o Status	
		ADDITIONAL CO	PY REQUIRED	
FROM:	Nam	aul Benet e (Printed or typed)		
	20355 NE	34th CT Apt 1225 Address		
	Miami, F	Florida 33180 State & Zip		
		-574-0354 Telephone number		
	paulbene	t40@yahoo.com		
	E-mail address: (to be used for future annual report notification)			

NOTE: Please provide the original and one copy of the articles.

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Gratus CPA & Advi	sors Inc		-    - 
	<del></del>		
			-
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art, of Amend, File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature	•		Fictitious Owner Search
5.5			Vehicle Search
			Driving Record
Requested by: SETH	11/10/22		UCC   or 3 File
Name	$-\frac{11/18/22}{Date}$	Time	UCC 11 Search
Hallic	Date	Time	UCC    Retrieval

## ARTICLES OF INCORPORATION

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

ARTICLE I NAM	$\frac{dE}{dE}$	DVICOBE INC	
The name of the corpo	ration shall be: GRATUS CPA & A	DVISOKS INC	
ARTICLE II PRI			
20355 NE 34th CT A	Principal <u>street</u> address		Mailing address, if different is:
Miami, Florida 33180	·		
	-		
ARTICLE III PUR	<u>POSE</u>	أميط المنوابا المنا	
The purpose for which	h the corporation is organized is: any and	i ali lawiul busi	ness
		<del></del>	221
			V 888 7
			<u>~ 78</u>
ABTICLE DAY OF			로 기계
The number of shares			<b>9</b> (생활 -
The minoci of shares			37 37
ARTICLE V INIT	TAL OFFICERS AND/OR DIRECTORS		
_			
Name and Ti	itle: Paul Benet, Director	Name and Title	: Shaddai Jaquez, Director
Address	20355 NE 34th CT Apt 1225	Address:	20355 NE 34th CT Apt 1225
	·	<u> </u>	
	Miami, Florida 33180		Miami, Florida 33180
Name and Tit	le: Paul Benet, President	Name and Title	Shaddai Jaquez, Vice President
Address	20355 NE 34th CT Apt 1225		20355 NE 34th CT Apt 1225
	Miami, Florida 33180		Miami, Florida 33180
	Ivilanii, Fiorida 33100		
Name and Tit	le:	Name and Title	:
<b>&gt;</b> 4.4		<b>5. 1.1</b>	
Address		Address:	****
		<u></u>	
		_	

Name an	nd Title:	Name and Title:	
Address		4.11	
ARTICLE VI The name and F	REGISTERED AGENT lorida street address (P.O. Box NOT acceptabl	c) of the registered agent is:	
Name:	CARMAN LAW FIRM, P.A.	-	
Address:	5301 N Federal Hwy, Suite #160,		01 VISION 22 NOV
	Boca Raton, FI, 33487	. <u>.                                   </u>	1310X 027 1310X 027 148
<u>ARTICLE VII</u>	INCORPORATOR		
The <u>name</u> and ac	ddress of the Incorporator is:		9: 2
Name:	Paul Benet	<del></del>	ions 37
Address:	20355 NE 34th CT Apt 1225		
	Miami, Florida 33180		
ARTICLE VIII	<u>EFFECTIVE DATE:</u>		
Effective date, if (If an effective d filing.)	other than the date of filing:ate is listed, the date must be specific and ca		r or 90 days after the
Note: If the date	inserted in this block does not meet the application of State's reconfective date on the Department of State's reconfective date.	able statutory filing requirements, tl rds,	his date will not be listed a
Having been nam certificate, I am fi	ed as registered agent to accept service of proce umiliar with and accept the appointment as region to the service of processing the service of the ser	istered agent and agree to act in this	at the place designated in to s capacity
	Deborale A. Carman  Required Signature/Registered Agent		11/21/2022
	Required Signature/Registered Agent		Date
I submit this documentable I	ument and affirm that the facts stated herein Department of State constitutes a third degree fe	are true. I am aware that the false lony as provided for in s.817,155. F	information submitted in LS.
Paul Benet			11/21/2022
Required Signatur	re/Incorporator	Date	