# P23000053907

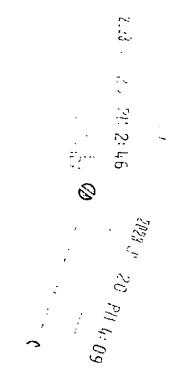
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



400412441834

400412441834 07/21/23--01801--011 \*\*70.00



## CORPORATE ACCESS, \_\_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666, Fax (850) 222-1666

### **WALK IN**

	PIC	K UP:	BROOK 7/20	
	CERTIFIED COPY		<u> </u>	
X	PHOTOCOPY CUS			
XX	FILING	INC.	<del>-</del>	
	ARKGROVE Q-SUB ORPORATE NAME AND DOO			
(C	ORPORATE NAME AND DOO	CUMENT #)		
(C	ORPORATE NAME AND DOG	CUMENT #)		
(C	ORPORATE NAME AND DOO	CUMENT #)		
(C	ORPORATE NAME AND DOC	CUMENT #)		
(C	ORPORATE NAME AND DOC	CUMENT #)		
IAL RUCT	IONS:	-		
		··	<del>-</del>	

#### **COVER LETTER**

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

SUBJECT:	ParkGrove Q-Sub Inc.				
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFF)					
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d a check for:		
□ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy  ADDITIONAL CO	S87.50 Filing Fee, Certified Copy & Certificate of Status  DPY REQUIRED		
FROM:	Juliana N	ewman Fernandez			
		e (Printed or typed)			
	2900 SW 28th Terrace, Suite 502				
	Address				
	Miami, Florida 33133				
	City, State & Zip				
	(917) 434-1648				
	Daytime Telephone number				
		@aeispaces.com			
	E-mail address: (to be use	d for future annual report n	otification)		

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)

Mailing address, if different lawful business.    Name and Title:	
Name and Title:	
Address:	
<del></del>	
Name and Title:	
Address:	
_ Name and Title:	
Address:	
	(
	,
	<u> </u>
	Name and Title:  Address:  Name and Title:  Address:

ARTICLE VI	REGISTERED AGENT	
The name and I	Florida street address (P.O. Box NOT acceptable) of th	e registered agent is:
Name:	Juliana Newman Fernandez	
Address:	2900 SW 28th Terrace, Suite 502	
	Miami, Florida 33133	
ARTICLE VII	INCORPORATOR	
The name and a	address of the Incorporator is:	
Name:	Juliana Newman Fernandez	
Address:	2900 SW 28th Terrace, Suite 502	
	Miami, Florida 33133	
Effective date, it	EFFECTIVE DATE:  f other than the date of filing:  date is listed, the date must be specific and cannot be	(OPTIONAL) e more than five days prior or 90 days after the
Note: If the date the document's o	e inserted in this block does not meet the applicable sta effective date on the Department of State's records.	tutory filing requirements, this date will not be listed as
	med as registered agent to accept service of process for the familiar with and accept the appointment as registered	he above stated corporution at the place designated in this agent and agree to act in this capacity 7.20.2023
	Rohiji di Signamro Registered Agent	Date
I submit this do document to the	cument and affirm that the facts stated herein are tru Department of State constitutes a third degree felony as	e. I am aware that the false information submitted in a provided for in s.817.155, F.S.
		7.20.2023
Required Signati	ure/Incombined	Date

Name and Title:	Name and Title:
Address	Address:
. Tudi ess	

2028 J. . 2 J. P.H. 2: 4.6