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FLORIDA PROFIT/NON PROFIT CORPORATION GRET INC.

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ARTICLES OF INCORPORATION

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

<u>ARTICLE I NAME</u> The name of the corporat	GRET INC.		
ne name of the corporat	ion shall be:		
IRTICLE II PRINC			
2946 SW 22ND CIRCL	Frincipal <u>street</u> addr es s E 6C	Mailing address 2946 SW 22ND CIRCL	
DELRAY BEACH, FL		DELRAY BEACH, FL	
DEERAT BEACH, TE	-	DEEKAT BEACH, TE	——————————————————————————————————————
IRTICLE III PURPO	SE to engage to engage e corporation is organized is:	in any lawful act or activity for	
which corporations may	he appropried		
	oc organized.		·
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	•		
RTICLE IV SHARE	— 20 0		
The number of shares of	stock is:		
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS		
Name and Title	JEFF GRETKA-President	Name and Title:	
	2946 SW 22ND CIRCLE 6C		
Address	1	Address:	
	DELRAY BEACH, FL 33445		
			262
			
			=======================================
Name and Title:		Name and Title:	
Address		Addres:	
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	!		<u>;</u> ,
Name and Title:	[Name and Title:	
Address		Address:	
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Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT	No. of the conference of the	
ine <u>name and F</u>	lorida street address (P.O. Box NOT acceptative GRETKA	e) of the registered agent is:	
Name:			
Address:	2946 SW 22ND CIRCLE 6C		
	DELRAY BEACH, FL 33445	. ~9	
	!	2024 ii.w.	
ARTICLE VII	INCORPORATOR	₩.	
The name and a	ddress of the Incorporator is:	1	
Name:	JEFF GRETKA	ā	
Address:	2946 SW 22ND CIRCLE 6C	<u></u> بې	
Auuress.	DELRAY BEACH, FL 33445		
			
ARTICLE VIII	EFFECTIVE DATE:		
Effective date, if	other than the date of filing:	annot be more than five business days prior or 90 business	
days after the fi		amor be more than five business days prior or 70 business	
	s inserted in this block does not meet the applie effective date on the Department of State's reco	cable statutory filing requirements, this date will not be listed as ords.	
		rocess for the above stated corporation at the place designated in	
this certificate, I		us registered agent and agree to act in this capacity	
·-··	Refund Signature/Registered Agen	Date Pare	
	Childred Signature/Registered Agen	t / 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.			
XIII CHE			
Required 6 12 Ancorporator Date			
	~ ·	·	