

Florida Department of State  
 Division of Corporations  
**P23000005186**  
 Electronic Filing Cover Sheet

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(((H23000028801 3)))



H230000288013ABCV

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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : FASTKIT CORP  
 Account Number : I20100000009  
 Phone : (305)599-0839  
 Fax Number : (305)592-9591

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

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**Grant 27 Construction, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	<b>\$78.75</b>

2023 3 PM 4:17

10/10/2023 10:00:00 AM

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: Grant 27 Construction, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9895 1 Street E Apt 7  
Treasure Island, FL 33206

\_\_\_\_\_  
\_\_\_\_\_

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Beeno Grant, President

Name and Title: \_\_\_\_\_

Address: 9895 1 Street E Apt 7

Address: \_\_\_\_\_

Treasure Island, FL 33206

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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 acceptable) of the registered agent is:

Name: Beeno Grant  
Address: 9895 1 Street E Apt 7  
Treasure Island, FL 33206

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

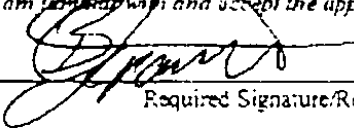
Name: Beeno Grant  
Address: 9895 1 Street E Apt 7  
Treasure Island, FL 33206

**ARTICLE VIII EFFECTIVE DATE:**

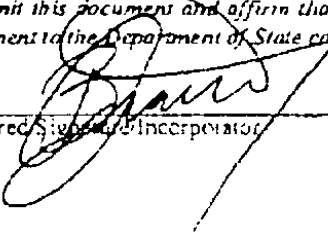
Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:*

 01/20/2022  
Required Signature/Registered Agent 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.*

 01/20/2022  
Required Signature/Incorporator Date