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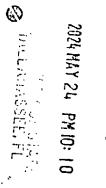
(Requestor's Name)					
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COVER LETTER

TO: Registration Section Division of Corporat	ions			
SUBJECT: GRS INDUSTR	RIES INC.			
30bJEC1.	Name of corporation - 1	nust include suffix		
Dear Sir or Madam:				
The enclosed "Application b "Certificate of Existence," or above referenced foreign cor	"Certificate of Good Standit	ig" and check are subr		
Please return all corresponde	nce concerning this matter to	the following:		
Alejandro Mont				
	Name of Pe	rson	1-1/	
Berlin Patten Ebling, PLLC				
	Firm/Compa	ny		
525 1st Avenue North				
	Address			
St. Petersburg, Florida 33701				
	City/State and	Zip code		
amont@berlinpatten.com				
E	mail address: (to be used for	future annual report n	otification)	
For further information conc	erning this matter, please call	:		
Alejandro Mont	at (⁷²⁷)	822-2505		
Name of Person	Area Code	Daytime Teleph	none Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		Registration Se Division of Co P.O. Box 6327	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	
	FLORIDA DEPARTMENT O \$78.75 Filing Fee & 🔻 🗖 \$	F STATE 78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

"Inc.," "Co.," "Co	orp, " "Inc, " "Co," or "Corp.")		
GRS INDUSTR	IES OF FL INC.		
(If name unavaile	ble in Florida, enter alternate corporate name ado	pted for the purpose of transacting	g business in Florida)
New York	3.		
(State or country	y under the law of which it is incorporated)	(FEI number, if app	olicable)
07/03/2017	5	(Date of duration, if other ti	
(Date	of incorporation)	(Date of duration, if other t	nan perpetual)
	(Date first transacted business in FI (SEE SECTIONS 607.1501 & 607.1502,	F.S., to determine penalty liabilit	y)
909 PHILADELI	MIA AVENUE, MASSAPEQUA PARK, NY, UN	ITED STATES, 11762	
	(Principal office		
309 PHILADEL	PHIA AVENUE, MASSAPEQUA PARK, NY, UN	ITED STATES, 11762	
	(Current mailing a	ddress, if different)	
Name and stree Name: fice Address:	taddress of Florida registered agent: (P.O. B George Scarpias 4442 Pond Brook Count Lakewad Ruch (City)		SPORTE (CAS)
	Lakeway Ranch	. Florida 342/1	· 長 72
	(City)	(Zip code)	* * * * * * * * * * * * * * * * * * *
Desirtared ess	nt's acceptance:		
ving been nam signated in this other agree to co	ed as registered agent and to accept service of application, I hereby accept the appointment omply with the provisions of all statutes relatives and accept the obligations of my positions.	t as registered agent and agre- tive to the proper and complete	corporation at the p to act in this capac
	A &		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS						
□Chairman	Name:	☐ Chairman	Name:			
☐Vice Chairman	Address: 4442 Pond Brook Lourt	□Vice Chairman	Address:			
Director	Lakewood Ranch	Director				
III President	Florida 34211	President				
□ Vice President		□Vice President				
☐ Secretary	Treasurer	Secretary	☐Treasurer			
□Other		Other				
☐ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	□Vice Chairman	Address:			
Director		Director				
□President		□President				
□Vice President		□Vice President				
☐ Secretary	☐Treasurer	Secretary	☐Treasurer			
□Other	Other	Other				
□ Chairman	Name:	□ Chairman	Name:			
□Vice Chairman	Address:	☐Vice Chairman	Address:			
☐ Director		□Director				
□ President		□President				
☐ Vice President		□Vice President				
Secretary	Treasurer	☐ Secretary	Treasurer			
□Other		Other				
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.						
12. Signature of Director or Officer						
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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. George Scarpia, President						

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, BRENDAN C. HUGHES, Acting Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: GRS INDUSTRIES INC.

DOS ID Number: 5164244

Entity Type: DOMESTIC BUSINESS CORPORATION

Entity Status: EXISTING

Date of Initial Filing with DOS: 07/03/2017

Statement Status: PAST DUE DATE

Statement Due Date: 07/31/2019

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 15, 2024 at 02:34 P.M.

Brandon C. Heyles

BRENDAN C. HUGHES Acting Secretary of State

Authentication Number: 100005742093 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at http://ecorp.dos.ny.gov