

Jul 12, 2024 1:53 PM

No. 1110 P. 1

# Florida Department of State

Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-5381

From:  
Account Name : ATESIANO TAX SERVICES  
Account Number : 120190000123  
Phone : (305)928-1137  
Fax Number : (786)349-4952

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

Email Address: Bonnie.grosso2@gmail.com

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2024 JUL 12 PM 4:04

## FLORIDA PROFIT/NON PROFIT CORPORATION AJG INC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

**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: AJG INC

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>109 LEHIGH AVE</u>	<u>SAME</u>
<u>FLAGLER BEACH , FL 32136</u>	

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>RONALD GROSSO, CEO</u>	Name and Title: <u>MONICA LEMUS, COO</u>
Address: <u>109 LEHIGH AVE</u>	Address: <u>109 LEHIGH AVE</u>
<u>FLAGLER BEACH , FL 32136</u>	<u>FLAGLER BEACH , FL 32136</u>

Name and Title: <u>ALYSSE GROSSO, MGR</u>	Name and Title: _____
Address: <u>109 LEHIGH AVE</u>	Address: _____
<u>FLAGLER BEACH , FL 32136</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

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No. 1110 P. 3

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: RONALD GROSSO  
Address: 109 LEHIGH AVE  
FLAGLER BEACH, FL 32136

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RONALD GROSSO  
Address: 109 LEHIGH AVE  
FLAGLER BEACH, FL 32136


**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*

  
Required Signature/Registered Agent

07/11/2024  
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.*