

P05000065369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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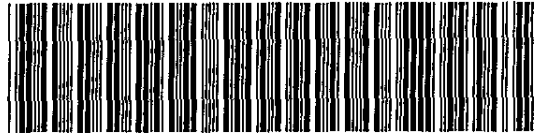
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05 MAY 2 05
10:08 AM
FBI - JEFFERSON

J. Shivers MAY 05 2005

TRANSMITTAL LETTER

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

SUBJECT: Global Executive Loss Advisors Corp
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Edgar Wizer
Name (Printed or typed)

6636 NW 173 Lane
Address

Miami Lakes, FL 33015
City, State & Zip

305.558.7847
Daytime Telephone number

FILED
RECORDS DIVISION
DIVISION OF CORPORATIONS
05 MAY - 2 PM 8:55

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)

ARTICLE I NAME

The name of the corporation shall be:

Global Executive Loss Advisors Corp

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6636 NW 173 Lane
Miami, Lakes, FL 33015

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawfull business

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Edgar Wizel, Chief Executive Officer
6636 NW 173 Lane
Miami Lakes, FL 33015

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Edgar Wizel
6636 NW 173 Lane
Miami Lakes, FL 33015

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Edgar Wizel
6636 NW 173 Lane
Miami Lakes, FL 33015

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

Signature/Registered Agent

Signature Incorporator

Date

Date

05:11:22 AM 8:59

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA