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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

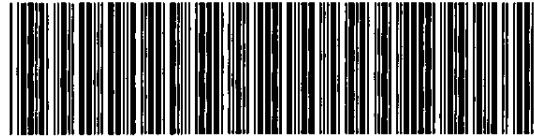
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 11:49

Handwritten signature and number 3414

COVER LETTER

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

SUBJECT: Gandie Consulting & Management, Inc.

(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 Filing Fee
 \$78.75 Filing Fee & Certificate of Status

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

ADDITIONAL COPY REQUIRED

FROM: Carlos A. Suarez

Name (Printed or typed)

8030 N.W. 21st Court

Address

Sunrise Florida 33322

City, State & Zip

954-549-0345

Daytime Telephone number

suarc16@mail.broward.edu

E-mail address: (to be used for future annual report notification)

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: Gandie Consulting & Management, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8030 N.W. 21st Court
Sunrise Florida 33322

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Construction consulting and project management.

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carlos A. Suarez-President

Name and Title: _____

Address 8030 N.W. 21st Court
Sunrise Florida 33322

Address: _____

Name and Title: Sandra Suarez-Secretary-treasurer

Name and Title: _____

Address 8030 N.W. 21st Court
Sunrise Florida 33322

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAR -3 AM 11:49

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:

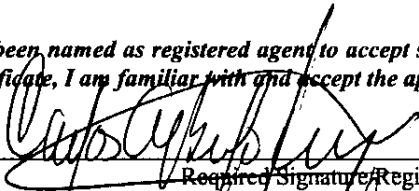
Name: Carlos A. Suarez
 Address: 8030 N.W. 21st Court
Sunrise Florida 33322

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carlos A. Suarez
 Address: 8030 N.W. 21st Court
Sunrise FI 33322

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

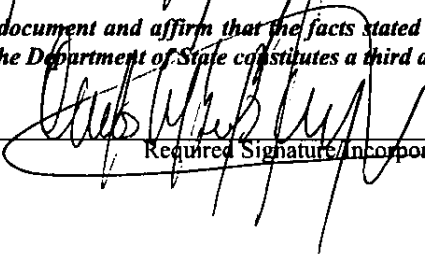


 Required Signature/Registered Agent

2/28/14

 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.



 Required Signature/Incorporator

2/28/14

 Date