P5000042894

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600271959936

04/24/15--01027--004 **78.75

2015 HAY 12 FM 5: 19

COVER LETTER

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

SUBJECT: GO	SA Corp.		
SUBJECT.	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles 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 o Status
		ADDITIONAL CO	
FROM: _	Aramis Gonzalez	e (Printed or typed)	
54	494 NW 55 Drive	•	
		Address	
C	oconut Creek, Fl		
_		State & Zip	
9	54-650-2092		
	Daytime T	elephone number	
ar	amisgosa@mail.co		
	E-mail address: (to be use	d for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 29, 2015

ARAMIS GONZALEZ 5494 NW 55 DRIVE COCONUT CREEK, FL 33073

SUBJECT: GOSA CORP. Ref. Number: W15000030276

We have received your document for GOSA CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

The name and document number of conflict is L04000072117- GOSA, LLC.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Carol Mustain Regulatory Specialist II

Letter Number: 115A00008772

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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LE II PRI	NCIPAL OFFICE Principal street address	1	Mailing address, if	f different is:
4 NW 55	•			
onut Cree	ek, FL 33073	 		
LE III PUR	POSE		£	
	the corporation is organized is:	ulting for ma	nutacturin	9
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the V INT	stock is: (0000 TIAL OFFICERS AND/OR DIRECT E: Aramis Gonzalez	Name and Title:	CEO	PH 5: 1
the V INT	tal officers and/or direct Aramis Gonzalez 5494 NW 55 Drive	Name and Title:	CEO	PH 5: 1
the V INT	Aramis Gonzalez 5494 NW 55 Drive Codonut Creek, FL	Name and Title:	CEO	PH 5: 1
Name and Title Address	Aramis Gonzalez 5494 NW 55 Drive Codonut Creek, FL	Name and Title: Address:		PH 5: 19
Name and Title Address	Aramis Gonzalez 5494 NW 55 Drive Codonut Creek, FL 33073	Name and Title: Address: Name and Title:		PH 5: 19
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Name and Title: Address Address	Aramis Gonzalez 5494 NW 55 Drive Codonut Creek, FL 33073	Name and Title: Address: Name and Title: Address: Name and Title: Name and Title:		PH S: 19

S Nome and	Title: ARMMIS Gunzaler-/CE	-/)	
Address	5494NW 550RIN	Maine and True:	
Address	COCCONITORER	Address:	
	COCUNUT CRUK	<u></u> 3	
		·	
ARTICLE VI			
	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Aramis Gonzalez		
Address:	5494 NW 55 Drive		
	Coconut Creek, FL 33073	•	
ARTICLE VII	INCORPORATOR		
The name and ad	iress of the Incorporator is:		
Name:	Aramis Gonzalez		
Address:	5494 NW 55 Drive		
	Coconut Creek, FL 33073		
Having been nam this certificate, I a	ed as registered agent to accept service of process m familiar with and accept the appointment as reg	for the above stated corpore istered agent and agree to a	ct in this capacity
· · · · · · · · · · · · · · · · · · ·	y-		04/14/15
	Required Signature/Registered Agent		/ Date /
I submit this docu document to the D	ment and affirm that the facts stated herein are te epartment of State constitutes a third degree felony	rue. I am aware that the fa as provided for in s.817.15.	dse information submitted in a s, F.S.
	Required Signature/Incorporator		Date