

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000287317 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE. IN

Account Number : I20000000019

Phone Fax Number : (305)552-5973 : (305)675-5944

Enter the email address for this business entity to be used for annual report mailings. Enter only one email address glease.

Email Address:	 	

FLORIDA PROFIT/NON PROFIT CORPORATION GISGEOR SALES AND DISTRIBUTION CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	H150	00287	317
ARTICLE 1 NAME: The name of the corporation is:			
GIOGIEOR SALES AND DISTRIBUTION	COPP	_	
ARTICLE II PRINCIPAL OFFICE:	Ctive	2: 1+	1-16
The principal street address and mailing address is: 4373 OU 146-AUE			
MIAMI FL 33175			
ARTICLE III SHARES: The number of shares of stock is: 100 ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS INGRIO MARIELA SILVA (P)		SECRETALIANA,	<u>*</u>
		ANY OF STATE	
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADI	I -	,	
The name and Florida street address (PO Box not acceptable) of the registere Tookid Moviela Silva	n agent is:		
1373 SW 146 AV-		ĺ	
Miami FL 33175			j
ARTICLE VI INCORPORATOR: The name and address of the Incorporation of Mariela Silvery 4373 Sw 146 Ave Miami FL 33175		, .	·

APPHOVEL APPHOVE

#2589 P.003/003

15 DEC -4 AM 9: 23 H 150 0 0 28 7 3 1 7

SECRETARY OF STATE

Required Signatures:

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

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 \$817.155, F.S.

H:15000287317