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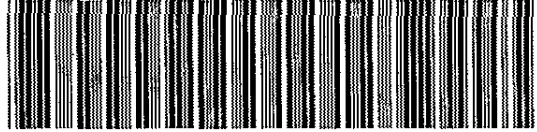
(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT  
STATE OF FLORIDA

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## COVER LETTER

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

SUBJECT: G E F E'S SERVICES, 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: RIKEM JEAN PHILIPPE

Name (Printed or typed)

2129 SOUTH STATE ROAD

Address

HOLLYWOOD, FLORIDA 33023

City, State & Zip

786-285-4047, 954-987-5534

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2006

RIKEM JEAN PHILIPPE  
2129 SOUTH STATE ROAD  
HOLLYWOOD, FL 33023

SUBJECT: G E F E'S SERVICES, INC  
Ref. Number: W06000028893

We have received your document for G E F E'S SERVICES, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Please complete Article(s) .

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.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 506A00042238

**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:

*GEFE'S SERVICES, Inc.*

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

*2129 South State Road 7  
Hollywood, FL 33023*

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

*Check cashing & Income Tax Services.*

**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):

*Dr. Rikem Jean Philippe.  
& Marie L. Loredent*

**ARTICLE VI REGISTERED AGENT**

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

*Rikem Jean Philippe - 2129 South State Road 7, Hollywood, FL 33023*

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

*Rikem Jean Philippe.  
P.O. Box 8445  
Delray Beach, FL 33484*

\*\*\*\*\*

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

*Rikem Jean Philippe*  
\_\_\_\_\_  
Signature/Registered Agent

06-23-2006

\_\_\_\_\_  
Date

*Rikem Jean Philippe*  
\_\_\_\_\_  
Signature/Incorporator

06-23-2006

\_\_\_\_\_  
Date

FILED  
06 SEP -7 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA