

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

Account Name : CORP USA Account Number: 072450003255

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Fax Number

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*tEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

FLORIDA PROFIT/NON PROFIT CORPORATION G1 INVESTMENT FL CORP.

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CORP USA

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COVER LETTER

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

SUBJECT: G1 INVESTMENT FL CORP. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)						
Enclosed are an orig	mal and one (1) copy of the ar	ticles of incorporation and	d a check for:			
S70:00 Filing Fee	S78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Cartified Cop & Certificate Status OPY REQUIRE	of		
FROM: A	NTONIA SABIN	O				
2	0807 BISCAYNE		E 104			
Address AVENTURA, FL 33180 City, State & Zip						
3	05-987-7240	12 grans at mile		SSEE,		

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

Daytime Telephone number

gygi77@gmail.com

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

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

LE II PRÍ	Principal street address	м	ailing address, if different is:
07 BISCAY	'NE BLVD. SUITE 104		
NTURA,	FLORIDA 33180		
•			
CLE III PUR upose for which	POSE the corporation is organized is: ANY AN	D ALL LA	WFUL BUSINESS
	·		
<u> </u>			
•			
CLE IV SH	ARES 100		
ICLE IV SH umber of shares o	ARKS Patock is: 100		
umber of shares o	ARRS fatock is: 100	g	
TOLK V IN	fstock is: TOO THAL OFFICERS AND/OR DIRECTOR.		
umber of shares of ICLE V IN	THAL OFFICERS AND/OR DIRECTOR	Name and Title:	
TOLK V IN	TAL OFFICERS AND/OR DIRECTORS 1c: ANTONIA SABINO, PRESIDENT 20807 BISCAYNE BLVD, STE 104	Name and Title:	
umber of shares of ICLE V IN	THAL OFFICERS AND/OR DIRECTOR	Name and Title:	
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Name and Tit	TAL OFFICERS AND/OR DIRECTOR: ANTONIA SABINO, PRESIDENT 20807 BISCAYNE BLVD. STE 104 AVENTURA, FLORIDA 33180	Name and Title: Address: Name and Title	
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Name and Tit	TAL OFFICERS AND/OR DIRECTOR. 1c: ANTONIA SABINO, PRESIDENT 20807 BISCAYNE BLVD. STE 104 AVENTURA, FLORIDA 33180	Name and Title: Address: Name and Title	
Name and Tit Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTOR. 1c: ANTONIA SABINO, PRESIDENT 20807 BISCAYNE BLVD. STE 104 AVENTURA, FLORIDA 33180	Name and Title: Address: Name and Title Address:	
Name and Tit Address Name and Tit Address	TAL OFFICERS AND/OR DIRECTORS Let ANTONIA SABINO, PRESIDENT 20807 BISCAYNE BLVD. STE 104 AVENTURA, FLORIDA 33180 Let AVENTURA STE 104	Name and Title: Address: Name and Title Address:	

(conti.)

Name a	nd Tiue:	Name and Title;
Addres		Address:
ARTICLE VI	REGISTERED AGENT	
	Morida street address (P.O. Box NOT acceptable) of MARK GERSTLE	the registered agent is:
Name:	2630 NE 203 STREET, STE 104	
e regard Califf	AVENTURA, FL 33180	
ARTICLE VI	INCORPORATOR	
The name and	address of the Incorporator is:	
Name:	ANTONIA SABINO	
Address:	20807 BISCAYNE BLVD, STE 104	_
	AVENTURA, FLORIDA 33180	•
	saned as registered agent to accept service of process I am familiar with and accept the appaintment as ref	for the above stated corpuration at the place designated in Issured agent and agree to act in this capacity
	Required Signature/Registered Agent	Date
	locument and affirm that the facts stated herein are to Department of State constitutes a third degree feloi	true. I am aware that the faise information submitted in a spas provided for in £817.135, F.S.
	antonia Sahimo	12 /14 /2016
	Required Signature/Incorporator	Date

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