

N14000011155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

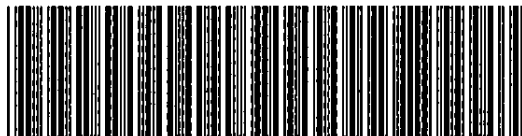
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT: Gio BrothersCare, Inc.**

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

X\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: John Hroncich  
Name (Printed or typed)

2219 60th Ave East  
Address

Ellenton, FL 34222  
City, State & Zip

941-722-7990  
Daytime Telephone number

jgiogio@gmail.com  
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 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: Gio BrothersCare, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
2219 60th Ave East

Ellenton, FL 34222

Mailing address, if different is:  
same as street address.

**ARTICLE III PURPOSE**

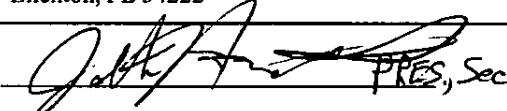
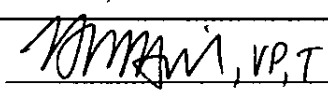
The purpose for which the corporation is organized is: A charitable entity specifically operating a holiday charity event called  
"Shoe Boxes for Seniors." This event collects and distributes day to day essentials, such as socks, toothbrushes, shampoo, deodorant,  
etc., for senior citizens confined to assisted living facilities. During the non-holiday period the organization will also provide similar  
assistance for local animal shelters and equine hospice programs.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Annual elections  
and appointments, by vote of the current Board of Directors. Each Director shall serve a term of one year.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: John Hroncich, President & Secretary Name and Title: Nicholas Hroncich, Vice President & Treasurer

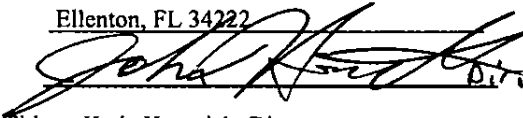
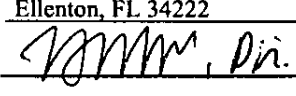
Address 2219 60th Ave East Address: 2219 60th Ave East  
Ellenton, FL 34222 Ellenton, FL 34222

 PRES., Sec.  VP, T

Name and Title: John Hroncich, Director Name and Title: Nicholas Hroncich, Director

Address 2219 60th Ave East Address: 2219 60th Ave East

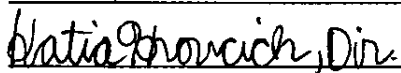
Ellenton, FL 34222 Ellenton, FL 34222

 Dir.  Dir.

Name and Title: Katia Hroncich, Director Name and Title: \_\_\_\_\_

Address 2219 60th Ave East Address: \_\_\_\_\_

Ellenton, FL 34222

 Dir.

ARTICLE VI REGISTERED AGENT

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

Name: John Hroncich

Address: 2219 60th Ave East  
Ellenton, FL 34222

14 DEC -5 PM 2:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John Hroncich

Address: 2219 60th Ave East  
Ellenton, FL 34222

ARTICLE VIII DISSOLUTION OF ASSETS

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

ARTICLE IX EFFECTIVE DATE

The effective date of the Corporation shall be Thursday January 9th 2015

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

X John Hroncich  
Required Signature of Registered Agent

11/18/2014  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

John Hroncich  
Required Signature of Incorporator

11/18/2014  
Date