

10/19/2020

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : BUSINESS WORLD TRANSACTIONS, INC.
Account Number : 104512000707
Phone : (305)803-2736
Fax Number : (305)646-1527

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
GLN INTERNATIONAL SCHOOL OF LEADERSHIP, INC.**

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ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAMEThe name of the corporation shall be: GLN INTERNATIONAL SCHOOL OF LEADERSHIP, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address:4930 E. SABAL PALM BLVD.SUITE #101TAMARAC, FL. 33319

Mailing address, if different is:

ARTICLE III PURPOSEThe purpose for which the corporation is organized is: TO COLLECT DONATIONS IN ORDER TO EDUCATE STUDENTS IN LEADERSHIP AND ENTREPRENEUR SKILLS.**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: MAYORITY VOTEof directors at annual meeting.**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: JOSE CALLIRGOS (DIRECTOR&PRES) Name and Title: _____Address: 4930 E. SABAL PALM BLVD. Address: _____SUITE #101 _____TAMARAC, FL. 33319 _____Name and Title: MARIO CALLIRGOS (DIRECTOR&V.P Name and Title: _____Address: 4930 E. SABAL PALM BLVD. Address: _____SUITE #101 _____TAMARAC, FL. 33319 _____Name and Title: JOSELINNE CALLIRGOS (DIR. S&T) Name and Title: _____Address: 4930 E. SABAL PALM BLVD. Address: _____SUITE #101 _____TAMARAC, FL. 33319 _____

2020 OCT 19 PM 3:32

STATE
OFFICE
FL

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENTThe **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: JOSE CALLIRGOS _____

Address: 4930 E. SABAL PALM BLVD. #101 _____

TAMARAC, FL. 33319 _____

ARTICLE VII INCORPORATORThe **name and address** of the Incorporator is:

Name: JOSE CALLIRGOS _____

Address: 4930 E. SABAL PALM BLVD. #101 _____

TAMARAC, FL. 33319 _____

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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*_____
Required Signature of Registered Agent_____
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.*_____
Required Signature of Incorporator_____
Date2020 OCT 19 PM 3:32
FILE
TAMARAC, FL.