TRANSMITTAL LETTER

02 JAN 17 PN 3:19

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

500004781265---01/17/02--01015--019 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

\$70.00 Filing Fee

iling Fee & Certificate

\$122.50 Filing Fee

& Certified Copy

Filing Fee,

Certified Copy

\$131.25

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	GloriA ArboL	edA	
	Name (Printed or typed)		
	2017 Knollcrest Address	DR.	
•	Address		
	Clermont DR	34711	
	City, State & Zip		
	321 - 217 - 201 Daytime Telephone number	Bus,	
	250-294-6525	HOME	

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

15

02 JAN 17 PM 3: 19

## ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

SECIAL OF STATE TALLAHASSEE, FLORIDA

•			
ARTICLE I NAME			
The name of the corporation shall be: G.A. f	Property Maintenance, Inc.		
0.7(	7		
ARTICLE II PRINCIPAL OFFICE	of this cornoration shall be:		
The principal place of business and mailing address of	of this corporation state be-		
	crest Drive		
CLERMONT	FL 34711		
ARTICLE III SHARES			
The number of shares of stock that this corporation is	s authorized to have outstanding at any one time is:		
500 (Fire	Hudred)		
5 6	, , == ,		
	GENT AND STREET ADDRESS		
The name and Florida street address of the initial reg	0-10-0-1		
	2017 KNOLLCREST DR		
	Cleamont FL 34711		
ARTICLE V INCORPORATOR	· · · · · · · · · · · · · · · · · · ·		
The name and address of the incorporator to these Articles of Incorporation are:			
Glozia ARL	pleda		
2017 KNOLL	crest Dr.		
Classif	FL 34711		
10 Liermon 1			
· Gloria Avoleda	× 01/12/02		
Signature/incorporator	Date		

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

GIORIA ARBOLELA

+01/12/02

Date