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(Requestor's Name)

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COVER LETTER

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

SUBJECT: GONIERE CO
(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: NIXON RHAU
Name (Printed or typed)

3336 S SEMORAN BLVD # 5
Address

ORLANDO FL 32822
City, State & Zip

407 872-0775
Daytime Telephone number

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

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: GONIFRE W

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 3336 S SEMORAN BLVD
ORLANDO, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROFIT

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): NIXON RHAU PRESIDENT
3336 S SEMORAN BLVD #J
ORL FL 32822

ARTICLE VI REGISTERED AGENT

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

NIXON RHAU 3336 S. SEMORAN BLVD #J
ORL FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: NIXON RHAU

3336 S SEMORAN BLVD, #J
ORLANDO FL 32822

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

Nixon S. Rhaou
Signature/Registered Agent

10-28-05
Date

Nixon S. Rhaou
Signature/Incorporator

10-28-05
Date

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