# P06000057707

| (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: |   |           |
|--|---|-----------|
| (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status   | (Requestor's Name)                      |           |
| (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               | <u></u> . |
| PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  | (Address)                               |           |
| (Business Entity Name)  (Document Number)  Fertified Copies Certificates of Status   | (City/State/Zip/Phone #)                |           |
| (Document Number)  Certified Copies Certificates of Status  .  | PICK-UP WAIT MAIL                       | -         |
| Certified Copies Certificates of Status  | (Business Entity Name)                  |           |
|  | (Document Number)                       |           |
| Special Instructions to Filing Officer:  | ertified Copies Certificates of Status  |           |
|  | Special Instructions to Filing Officer: |           |
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Office Use Only



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CB 4-74-06

### **COVER LETTER**

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

| SUBJECT: GIA-MGM-2 INC.                                       |   |  |
|---|---|--|
| (PROPOSED CORPORA)  | ie name – <u>Must inc</u> l                       | UDE SUFFIX)  |
| Enclosed are an original and one (1) copy of the artic        | les of incorporation and                          | l a check for:   |
| \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy  ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED |
| FROM: Marion E.Barbour  |   |  |
| Name  | (Printed or typed)                                |  |
| 10124 Aqua Vista Way  | Address   |  |
| Boca Raton,Fl. 33428  | State & Zip                                       |  |
| 561 482-1742  Daytime T                                       | elephone 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)

## FILED

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# SECTITIARY OF STALLARASSEE, FLO

#### ARTICLE I NAME

The name of the corporation shall be:

gia-mgm-2 Inc.

#### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1301 Copan's Rd. Pompano Beach, Fl. 33060

#### ARTICLE III \_ PURPOSE

The purpose for which the corporation is organized is:

Coffee Shop

#### ARTICLE IV SHARES

The number of shares of stock is:

50

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

List name(s), address(es) and specific title(s):

Marioin E.Barbour 10124 Aqua Vista Way, Boca Raton, Fl. 33428 Pres. Treas. Georegene J. Prelli 10124 Aqua Vista Wasy Boca Raton, Fl. 33428 V.P. Sec'y

#### ARTICLE VI REGISTERED AGENT

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

Marion E.Barbour 10124 Agua Vista Way, Boca Raton, Fl. 33428

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MarionE.Barbour 10124 Aqua Vista Way, Boca Raton, Fl. 33428

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

ignature Registered Agent

Signature/Incorporator

Date 1/17/06