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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

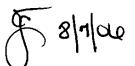
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ECRETARY OF STATE



COVER LETTER

FILED

06 AUG -7 PM 2: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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

SUBJECT: GILCORP, INC.				
	(PROPOSED CORPORAT	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
Enclosed are an orig	inal and one (1) copy of the artic	cles 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	
	e continuac of status	ADDITIONAL CO	& Certificate of Status	
FROM:				
	Name (Printed or typed)			
	Address			
	City, State & Zip			
	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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

GILCORP, INC.

06 AUG -7 PM 2: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

800 DOUGLAS ROAD-NORTH TOWER SUITE 530 CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

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):

ELI GILATH-PRESIDENT 800 DOUGLAS ROAD-NORTH TOWER, SUITE 530 CORAL GABLES, FL 33134

LYNN GILATH-SECRETARY 800 DOUGLAS ROAD-NORTH TOWER, SUITE 530 CORAL GABLES, FL 33134

ARTICLE VI REGISTERED AGENT

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

ELI GILATH-PRESIDENT 800 DOUGLAS ROAD-NORTH TOWER, SUITE 530 CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Signature/Incorperator

CARL GADINSKY KANE & COMPANY, PA 1101 BRICKELL AVE, SUITE M101 MIAMI, FL 33131

****************	*******
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered a	the above stated corporation at the place designated in thi gent and agree to act in this capacity
	8/2/06
Signature/Registated Agent	Date
Cla Hal	2/2/21