

P07000057792

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

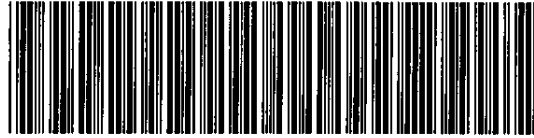
(Business Entity Name)

(Document Number)

Certified Copies: _____ Certificates of Status: _____

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05/14/07--01039--002 **70.00

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07 MAY 14 PM 3:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature/initials

COVER LETTER

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

SUBJECT: Gior Inc.

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Giovanny Jimenez

Name (Printed or typed)

13929 Fairway Island Dr apt 833

Address

Orlando, FL 32837

City, State & Zip

407-529-7388 / 407-967-7252

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:

Gior Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

13929 Fairway Island Dr apt 833 Orlando, Fl, 32837

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Wholesales and Detail

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

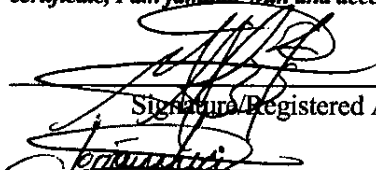
Giovanny Jimenez 13929 Fairway Island Dr apt 833 Orlando, Fl 32837

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lorraine Luciano 13929 Fairway Island Dr apt 833 Orlando, Fl 32837

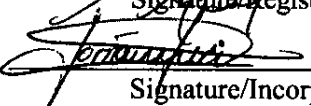
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

05/09/2007

Date



Signature/Incorporator

05/09/2007

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA