

PO800025075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

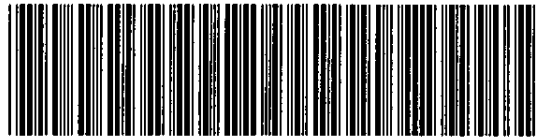
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



500118031085

02/15/08--01018--024 **87.50

FILED
08 FEB 15 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3/10/08
1-08-08
2/18/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 18, 2008

GREGORIO GONZALES
1016 W AVENIDA DEL RIO
CLEWISTON, FL 33440

SUBJECT: G & A MANAGEMENT INC.
Ref. Number: W08000008517

We have received your document for G & A MANAGEMENT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II
New Filing Section

Letter Number: 508A00010273

COVER LETTER

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

SUBJECT: G. N. A. MANAGEMENT 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: GREGORIO GONZALES

Name (Printed or typed)

1016 W. AVENIDA DEL RIO

Address

CLEWISTON FL. 33440

City, State & Zip

863-983-2702 / 863-673-1297 / 863-228-0023

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:

G. N. A. MANAGEMENT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1016 W. AVENIDA DEL RIO.
CLEWISTON FL. 33440

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:

1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

GREGORIO GONZALES (PRESIDENT)
1016 W. AVENIDA DEL RIO
CLEWISTON FL. 33440

ANGELICA GONZALES (VICE PRESIDENT)
1016 W. AVENIDA DEL RIO
CLEWISTON FL. 33440

FILED
08 FEB 15 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

GREGORIO GONZALES
1016 W AVENIDA DEL RIO
CLEWISTON FL. 33440

FILED
08 FEB 15 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GREGORIO GONZALES
1016 W AVENIDA DEL RIO
CLEWISTON FL. 33440


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

2-25-2008

Date



Signature/Incorporator

2-25-2008

Date