

PO8000070654

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

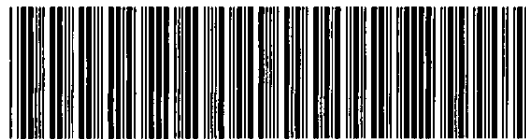
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/25/08--01030--008 **87.50

FILED
08 JUL 25 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re

COVER LETTER

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

SUBJECT: GEVICON, 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
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: Victor Kvasnoi

Name (Printed or typed)

6005 Stirling Rd. #110

Address

Davie, FL 33314

City, State & Zip

(781)630-3350

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:

GEVICON, INC

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

6005 Stirling Rd. #110
Davie, FL 33314

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Real Estate Development and Consulting

ARTICLE IV SHARES

The number of shares of stock is:

10000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Victor Kvasnoi, 6005 Stirling Rd. #110 Davie, FL 33314 - President

ARTICLE VI REGISTERED AGENT

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

Victor Kvasnoi
6005 Stirling Rd. #110
Davie, FL 33314

ARTICLE VII INCORPORATOR

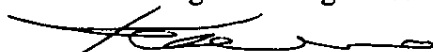
The name and address of the Incorporator is:

Victor Kvasnoi
6005 Stirling Rd. #110
Davie, FL 33314

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



Signature/Incorporator

08/23/2008

Date

08/25/2008

Date

FILED
08 JUL 25 PM 12:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA