

DEC-15-2011 THU 09:42 PM

Division of Corporations

P. 001

Page 1 of 1

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

Effective Date

01-01-2010

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.
Account Number : I20000000146
Phone : (305) 444-4994
Fax Number : (305) 444-4977

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
G.P. ALL SERVICES, INC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

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12/15/2009

FILED

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09 DEC 15 AM 10:54

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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.P. ALL SERVICES, INC

EFFECTIVE DAY JANUARY 1ST 2010

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
8309 S.W. 142 AVE No G109 MIAMI FL 33183

Effective Date

01-01-2010

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:
1.000 SHARES \$ 1.00 EACH

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SERGIO E GAITI - DIRECTOR- 500 SHARES - 8309 S.W. 142 AVE No. G109
MIAMI FL 33183

EVELYNS GAITI - DIRECTOR - 500 SHARES 8309 S.W. 142 AVE No G109
MIAMI FL 33183

ARTICLE VI REGISTER AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
EVELYNS GAITI 8309 S.W. 142 AVE No G109 MIAMI FL 33183

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

EVELYNS GAITI 8309 S.W. 142 AVE No G109 MIAMI FL 33183

Having been named as register 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 register agent and agree to act in this capacity.


Signature/Registered Agent


Signature/Registered Agent


Date


Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 DEC 15 AM 11:23

FILED