

PIL 000000084

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

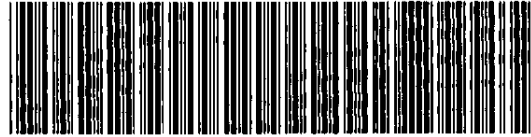
(Document Number)

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2010 DEC 30 PM 4:42  
SEC 11/17/10 STATE  
TALLAHASSEE, FLORIDA

FILED

T. Burch JAN 3 2011

## COVER LETTER

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

SUBJECT: Geli Enterprises, 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: Martha Valverde  
Name (Printed or typed)  
816 NE 5th Street  
Address  
Hallandale Beach, FL 33009  
City, State & Zip  
(754) 581-1662  
Daytime Telephone number  
valverde72004@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

To Whom It May Concern:

I, Oliden Ortiz, have not intention of reinstating Geli Enterprises, Inc.

And I release the name for immediate use.

December 16, 2010

  
\_\_\_\_\_

Oliden Ortiz

**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: GELI ENTERPRISES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1042 E. 43 Street  
Hialeah, FL 33013

Mailing address, if different is:  
23075 SW 212 Avenue  
Goulds, FL 33170

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

This corporation may engage in or transact any or all lawful activities or businesses permitted under the laws of the United States and the State of Florida

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Oliden Ortiz  
Address: President  
23075 SW 212 Ave  
Goulds, FL 33170

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Oliden Ortiz  
Address: 23075 SW 212 Ave  
Goulds, FL 33170

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Oliden Ortiz  
Address: 23075 SW 212 Ave  
Goulds, FL 33170

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]

Required Signature/Registered Agent

12-17-10

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

✓ [Signature]

Required Signature/Incorporator

12-17-10

Date

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CLERK OF STATE  
TALLAHASSEE, FLORIDA