

**P11 000034628**

**Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CORPDIRECT AGENTS, INC.  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

000409.145987

**\*\*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  
GLOBAL TRADING ENTERPRISES, INC.**

Certificate of Status	1
Certified Copy	0
Page Count	02
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Corporate Filing Menu

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APR 8 2011

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**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:

**GLOBAL TRADING ENTERPRISES, INC.****ARTICLE II PRINCIPAL OFFICE**

Principal street address

**18665 SW 7TH STREET  
PEMBROKE PINES, FL 33029**

Mailing address, if different is:

**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 shares of common; \$.001 PAR VALUE****ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: **PATRICIA NOVARO, PRESIDENT/DIRECTOR**Address: **18665 SW 7TH STREET  
PEMBROKE PINES, FL 33029**

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: **PATRICIA NOVARO**Address: **18665 SW 7TH STREET  
PEMBROKE PINES, FL 33029****ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **PATRICIA NOVARO**Address: **18665 SW 7TH STREET  
PEMBROKE PINES, FL 33029**

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

\_\_\_\_\_  
Required Signature/Registered Agent

4/7/2011

\_\_\_\_\_  
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.

\_\_\_\_\_  
Required Signature/Incorporator

4/7/2011

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA