

P11000065058

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

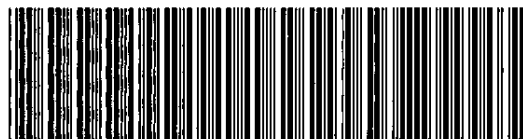
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000209660080

07/18/11--01004--015 **87.50

FILED
11 JUL 18 AM 11:19
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

u 07/20/11

COVER LETTER

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

SUBJECT: G MAGUIRE 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: SHARON MUNDORA
Name (Printed or typed)

6502 MARINA POINTE VILLAGE CT #301
Address

TAMPA, FL 33635
City, State & Zip

440-429-6945
Daytime Telephone number

SMUNDORA35@GMAIL.COM
E-mail address: (to be used for future annual report notification)

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 MAGUIRE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

6502 MARINA PT VLG CT
#301
TAMPA, FL 33635

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TAX & COURIER SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SHARON MUNDORA-DIRECTOR
Address: 6502 MARINA PT VLG CT
#301
TAMPA, FL 33635

Name and Title: SIMBARASHE G. PARUMA-DIRECTOR
Address: 6150 SILVERWOOD DR
MORROW, OH 45152

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: SHARON MUNDORA
Address: 6502 MARINA PTE VILLAGE CT
#301, TAMPA, FL 33635

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SIMBARASHE G PARUMA
Address: 6150 SILVERWOOD DR
MORROW, OH 45152

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

SMundora

Required Signature/Registered Agent

7/8/11
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

SIMBARASHE G. PARUMA

7/8/11
Date

FILED
11 JUL 18 AM 11:49
DEPT. OF STATE
TALLAHASSEE, FLORIDA