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11 JUL 29 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
8/1

COVER LETTER

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

SUBJECT: QSS GJ 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: QSS GJ ENTERPRISES, INC
Name (Printed or typed)

15491 SW 274TH STREET
Address

HOMESTEAD, FLORIDA 33032
City, State & Zip

(786) 243-2786
Daytime Telephone number

INH156@AOL.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: CSSGT ENTERPRISES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address
15491 SW 27TH STREET
HOMESTEAD, FL 33032

Mailing address, if different is:
15491 SW 27TH STREET
HOMESTEAD, FL 33032

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO ENGAGE INTO LAWFUL ACTS OR
ACTIVITIES FOR WHICH CORPORATIONS MAY BE ORGANIZED
UNDER TO ENGAGE IN ANY ACT OR ACTIVITIES REQUIRING
THE CONSENT OR APPROVAL OF ANY STATE OFFICIAL
DEPARTMENT BOARD, AGENCY OR OTHER BODY

ARTICLE IV SHARES

The number of shares of stock is: 200 SHARES WITHOUT PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CHARLES MCKEAN
Address: 15491 SW 27TH ST
HOMESTEAD, FL 33032
PRESIDENT

Name and Title: _____
Address: _____

Name and Title: SANDRA MCKEAN
Address: 15491 SW 27TH ST
HOMESTEAD, FL 33032
VICE - PRESIDENT

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:

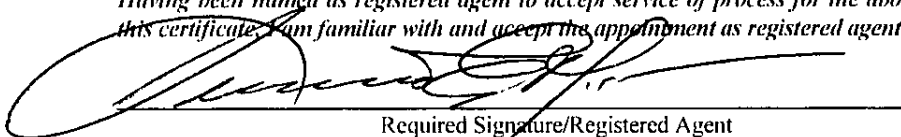
Name: LEONARD E MASON
Address: 9070 SW 146TH COURT
MIAMI, FLORIDA 33186

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: CHARLES MCKEAN
Address: 15491 SW 27TH ST
HOMESTEAD, FL 33032

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

07/01/2011
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.

X
Required Signature/Incorporator

07/01/2011
Date

FILED
11 JUL 29 PM 12:00
SECRETARY OF STATE
TALLAHASSEE FLORIDA