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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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W11-53215
691

COVER LETTER

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

SUBJECT: GUS WHEELS, 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: Delia Carricaburu

Name (Printed or typed)

10755 S.W. 190 Street #65

Address

Miami FL 33157

City, State & Zip

305-582-2154

Daytime Telephone number

guswheels@hotmail.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Miami October 1st, 2011

Florida Department of Corporations:

Enclosed please find dissolution articles and fees for Gus Wheels, inc. as a non-profit corporation.

I will not revoke the dissolution and the name has been released to be filed by another entity.

Also enclosed the articles of incorporations for Gus wheels to be incorporated as a profit corporation. Fee is enclosed.

Thank you for your attention,


Delia Carricaburu

10755 S.W. 190 Street # 65

Miami FL, 33157

305-582-2154

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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: **GUS WHEELS, Inc**

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
10755 S.W. 190 Street #65
Miami FL, 33157

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Manufacture and rental of four wheel bicycles.

ARTICLE IV SHARES

The number of shares of stock is: **N/A Five**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Delia Carricaburu, President**
Address: **10755 S.W. 190 Street #65**
Miami FL, 33157

Name and Title: _____
Address: _____

Name and Title: **Carlos Carricaburu, Vice President**
Address: **10755 S.W. 190 Street #65**
Miami FL, 33157

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: **Delia Carricaburu**
Address: **10755 S.W. 190 Street #65**
Miami FL, 33157

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: **Delia Carricaburu**
Address: **10755 S.W. 190 Street #65**
Miami FL, 33157

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

October 1st, 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

October 1st, 2011

Date

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