

PI1000098808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

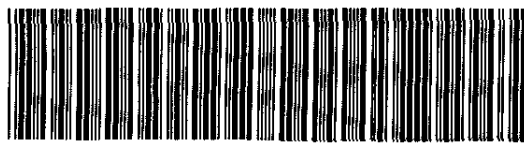
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200214130652

11/14/11--01045--009 \*\*78.25

11/14/11--01045--010 \*\*0.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 NOV 14 PM 3:06

FILED

## COVER LETTER

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

SUBJECT: GiGi Shoes & Accessory, 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: DAMARY GARCIA

Name (Printed or typed)

650 N.E. 149 STREET

Address

NORTH MIAMI, FL 33161

City, State & Zip

904 599-0278

Daytime Telephone number

garciadamary@hotmail.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)

APPROVED  
AND  
FILED

**ARTICLE I NAME**

The name of the corporation shall be: **GiGi Shoes & Accessory, Inc.**

11 NOV 16 PM 3:06

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
**12306 N.W. 7th Ave**  
**North Miami, FL 33168**

Mailing address, if different is:  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Professional Corporation**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

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

Name and Title: **Damary Garcia, President**  
Address: **650 N.E. 149th Street Apt 206 F**  
**North Miami, FL 33161**

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

Name and Title: **Josue Garcia Pilarte, Vice Pres/Sec**  
Address: **650 N.E. 149th Street Apt 206 F**  
**North Miami, FL 33161**

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:

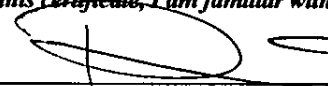
Name: **Damary Garcia**  
Address: **650 N.E. 149th Street 206 F**  
**North Miami, FL 33161**

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Christine Cardozo**  
Address: **14210 N.E. 10th Ave**  
**North Miami, FL 33161**

*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

**11-4-2011**  
\_\_\_\_\_  
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

**11-4-2011**  
\_\_\_\_\_  
Date