

(Re	equestor's Name)			
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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CORRECT Article I				
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Office Use Only



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## FLORIDA DEPARTMENT OF STATE Division of Corporations

March 20, 2012

RECEIVED MAR 2 8 2012

GEOVANNI GONZALEZ 10212 PAWNEE AVE TAMPA, FL 33617

SUBJECT: GEO MANAGEMENT & INVESTMENT INC

Ref. Number: W12000015844

We have received your document for GEO MANAGEMENT & INVESTMENT INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Pamela Smith Regulatory Specialist II

Letter Number: 012A00009708

## **COVER LETTER**

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

<sub>SUBJECT:</sub> Geo management & in	vestment inc	
(PROPOSED CORPORA	TE NAME – <u>MUST INC</u>	LUDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation ar	nd a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL C	\$87.50 Filing Fee, Certified Copy & Certificate of Status OPY REQUIRED
	L	
FROM: Geovanni Gonzalez Name	(Printed or typed)	
10212 pawnee ave.	Address	
Tampa, FL 33617 City,	State & Zip	
8133691667  Daytime To	elephone number	
thegmillc@gmail.com E-mail address: (to be used	l 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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

3/26/2012 Date

ARTICLE I The name of the o	<b>NAME</b> G MANAGEMENT & corporation shall be:	INVESTMENTS INC	12 MAR 28 PM 3: 1
	PRINCIPAL OFFICE		
	Principal street address	Mailing add	dress, if different is:
	10212 PAWNEE AVE.		
	TAMPA, FL 33617		
ARTICLE III	PURPOSE		
	which the corporation is organized is:		
Investment	and management of capital		
ARTICLE IV	SHARES		
The number of sh			
	INITIAL OFFICERS AND/OR DIREC		
	Title:Geovanni Gonzalez CEO		
Address:	10212 Pawnee ave.		
•	Tampa, FL 33617		
Name and	Title:	Name and Title:	·
Address:		Address:	
Name and	Γitle:		
Address:		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptal	hla) of the registered agent is:	
Name:	Geovanni Gonzalez		
Address:	10212 Pawnee ave.	<del></del>	
1144.000.	Tampa, FL 33617	·	
ARTICLE VII	INCORPORATOR		
The <u>name and ac</u>	Idress of the Incorporator is:		
Name:	Geovanni Gonzalez		
Address:	10212 Pawnee ave. Tampa, FL 33617	<del></del>	
	ned as registered agent to accept service of p am familiar with and accept the appointment (		
	J. Sonyalen Required Signature/Registered Agen		3/262012
	Required Signature/Registered Agen	it	Date
	rument and affirm that the facts stated herei Department of State constitutes a third degree	in are true. I am aware that the fo	