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(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_

(Business Entity Name)

\_\_\_\_\_

(Document Number)

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

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Office Use Only

04/05/12--01021--014 \*\*78.75

12 APR 23 PM 1:59  
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CLERK OF STATE  
DIVISION OF CORPORATIONS

4/24  
4/26  
4/28  
W1200009539

## COVER LETTER

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

**SUBJECT: G. & E. Total Services, 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       \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy  
 \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: Grace Knupp

Name (Printed or typed)

674 NW 48th Ave.

Address

Plantation, FL 33317

City, State & Zip

954-600-3203

Daytime Telephone number

aldomari680@hotmail.com

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

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



RECEIVED

12 APR 23 PM 4:44

FLORIDA DEPARTMENT OF STATE Division of Corporations  
Division of Corporations

April 9, 2012

GRACE KNUPP  
674 NW 48TH AVE  
PLANTATION, FL 33317

SUBJECT: G. & E. SERVICES, INC  
Ref. Number: W12000019539

We have received your document for G. & E. SERVICES, INC and your check(s) totaling \$78.75. 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 since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

**Adding "of Florida" or "Florida" to the end of a name is not acceptable.**

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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 112A00011273

**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. & E. Total Services, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
**674 NW 48th Ave.**  
**Plantation, FL 33317**

Mailing address, if different is:

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
**Self Employment**

**ARTICLE IV SHARES**

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

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

Name and Title: **Grace Knupp - Director** Name and Title: \_\_\_\_\_  
Address: **674 NW 48th Ave.** Address: \_\_\_\_\_  
**Plantation, FL 33317** \_\_\_\_\_

Name and Title: **Elaine Da Silva Riveiro - Diretor** Name and Title: \_\_\_\_\_  
Address: **674 NW 48th Ave.** Address: \_\_\_\_\_  
**Plantation, FL 33317** \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: **Elaine Da Silva Ribeiro**  
Address: **674 NW 48th Ave.**  
**Plantation, FL 33317**

SEARCHED  
INDEXED  
FILED  
SERIALIZED  
APR 23 2012  
FLORIDA DEPARTMENT OF STATE  
REGISTRATION PROGRAMS

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: **Grace Knupp**  
Address: **674 NW 48th Ave.**  
**Plantation, FL 33317**

*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*

Elaine da Silva Ribeiro

Required Signature/Registered Agent

04/15/2012

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.*

Grace Knupp

Required Signature/Incorporator

04/15/2012

Date