PRODO038599

(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:				
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Office Use Only



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SECRETARY OF STREET



COVER LETTER

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

SUBJECT:	GSS Cabinet 3	Installation Company ATE NAME - MUST INCLUDE SUFFIX)		
	(PROPOSED CORPORA	ATÉ NAME – <u>MUST INCLUDE SUFFIX</u>)		
Enclosed are an orig	ginal and one (1) copy of the art	ticles of incorporation and a check for:		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM:	Mana E	Eur 2 e (Printed or typed)		
7950 S.W. 117 Are Sute 2018				
	Address Ec 33/83			
City, State & Zip				
_	S-2407 Telephone number			
	•	ed for future annual report notification)		
_	E-mail address: (to be use	ed for future annual report notification)		

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

April 18, 2012

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

Re: GSS Cabinet Installation P100000087154

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me 305 595-2407.

Sincerely,

Gilberto Sosa

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I No.	TAME oration shall be: GSS Cabine	t Installation Company	77
ARTICLE II P	RINCIPAL OFFICE		
	Principal street address	Mailing address	s, if different is:
	18738 S.W. 100 Are	1.0430 S.W Mam: FL	. 145 Are
	Miami, FC 33157	mam: Fl	33/86
	 		
ARTICLE III PU	RPOSE		
	th the corporation is organized is:		
	dry and all legal	purpose.	
ARTICLE IV S	-5/48926 HARES of stock is: 100 C fl. 00-4		
	IITIAL OFFICERS AND/OR DIREC		
Name and Title	: Gilbert Sosa Pres	Name and Title:	
Address:	18738 S.W. 100 Ave	Address:	
	miam R 33157		
			······································
Name and Title		Name and Title:	
Address:		Address:	
Name and Title		Name and Title:	
Address:		Address:	
. 10010001			
4000000 0 00 00	BOYCONDED ACEIM		- E
	E <u>GISTERED AGENT</u> <u>a street address</u> (P.O. Box NOT acceptab	ala) of the registered agent is:	2 A
Name:	61/6crh Sosa	ole) of the registered agent is.	APRO NE
Address:	18738 S W 100 Are		る 報題 :
	man FL 33157		ح المراجعة
		··	
	ICORPORATOR		
	ss of the Incorporator is:		? 즐겁
Name: Address:	189 28 (15 / 10 Are		ල දුරුවී
. Address.	18738 S. S. LOO Are. May Fr. 33157		$\boldsymbol{\omega}$
Having been named	as registered agent to accept service of p	rocess for the above stated corporation	at the place designated in
this certificate, I am f	amiliar with and accept the appointment o	as registered agent and agree to act in t	his capacity
x Xlebet	2 Day		A/12/12
v xxevil	Required Signature/Registered Agen		4/18/12
•	Required Signature/Registered Agen	ıt	/ Date/
I submit this docume	nt and affirm that the facts stated herei	in are true. I am aware that the false	information submitted in a
	rtment of State constitutes a third degree		
			1. /
1 Mille	t Lake		4/18/12
<u> </u>	Required Signature/Incorporator		Date