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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 4 2012

T. Burch DEC 4 2012

COVER LETTER

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

SUBJECT: **GiaMac, 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: **Michael E McDonald**

Name (Printed or typed)

2308 SE Avalon Road

Address

Port St Lucie, FL 34952

City, State & Zip

561 451 6438

Daytime Telephone number

giamacinc@comcast.net

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)

ARTICLE I NAME

The name of the corporation shall be: **GiaMac, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
2308 SE Avalon Road
Port St Lucie, FL 34952

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide consultation services to companies in the Distilled Spirits & Wine Industry.

ARTICLE IV SHARES

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael E McDonald- President
Address: 2308 SE Avalon Road
Port St Lucie, FL 34952

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: Michael E McDonald
Address: 2308 SE Avalon Road
Port St Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael E McDonald
Address: 2308 SE Avalon Road
Port St Lucie, FL 34952

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

11/29/12

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

11/29/12

Date