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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
<u> </u>				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

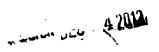
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TAIL AND SECOND AND SE



T. Burch (1EC 4 2012)

COVER LETTER

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

SUBJECT: Gia	Mac, Inc.			
	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE 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 ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate o Status PPY REQUIRED	
FROM: M	lichael E McDon	ald		
		e (Printed or typed)		
23	308 SE Avalon F			
	_	Address		
Po	ort St Lucie, FL 3	34952		
	City	State & Zip		

561 451 6438

giamacinc@comcast.net

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

Daytime Telephone number

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

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

ARTICLE II	PRINCIPAL OFFICE Principal street address 2308 SE Avalon Road	Mailing address, if different is:
	Port St Lucie, FL 34952	
ARTICLE III	PURPOSE	
The purpose for	which the corporation is organized is: to p	rovide consultation services to companies in the
Distilled Spir	its & Wine Industry.	FILE SECRETARI ALLANGSI
ARTICLE IV	SHARES	7 - R 5
The number of sl	nares of stock is: 100	· · · · · · · · · · · · · · · · · · ·
ADTICLE T	INITIAL OFFICEDS AND OF SE	romone O
ARTICLE V	INITIAL OFFICERS AND/OR DIR Title: Michael E McDonald- President	Name and Title:
Address:		Address:
Address.	Port St Lucie, FL 34952	Audicss.
Name and	Title:	Name and Title:
Address:		
Nama and	Fisher	Name and Title.
Address:	ritie:	Name and Title:
Addiçss,		
		<u> </u>
ARTICLE VI	REGISTERED AGENT	
	lorida street address (P.O. Box NOT accep	table) of the registered agent is:
Name: Address:	2308 SE Avalon Road	
Addiess.	Port St Lucie, FL 34952	
		
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	Idress of the Incorporator is:	
Name:	Michael E McDonald	
Address:	2308 SE Avalon Road	
	Port St Lucie, FL 34952	
//		process for the above stated corporation at the place designated i
his certificate. I	am familiar with and accept the appointme	process for the above stated corporation at the place designated in nt as registered agent and agree to act in this capacity
	in ochho.	A A S
	Mary E WINDAM	X //
	Paguired Signature/Pagistared As	11/29/12
	Required Signature/Registered Ag	ent Date
submit this doc	rument and affirm that the facts stated he	ein are true. I am aware that the false information submitted in
		ee felony as provided for in s.817.155, F.S.
	~ 0 ~ 10	(7)
	MWW & WWW (M)	11/29/12