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



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## **COVER LETTER**

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

SUBJECT: Gelief ENTER	PRISES INC.  ATENAME-MUST INCLUDE SUFFIX)
√(PROPOSED CORPOR	ATE NAME – <u>MUST INCLUDE SUFFIX</u> )
Enclosed are an original and one (1) copy of the ar	ticles of incorporation and a check for:
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status  ADDITIONAL COPY REQUIRED
	ADDITIONAL COI 1 REQUIRED
FROM: LEONARD GO	elfowe ne (Printed or typed)
9000 PARK	Blud, #7
	Address
<u>Seyinole</u>	7. 33777 V, State & Zip
727 - 41 Daytime	0 - 1 6 1 3 Telephone number
•	sed 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:  GELJEF EN7	erprises Inc.
Principal office  Principal street address  9000 PARK BLVD, #7  SEMINOLE, FL. 33777	Mailing address, if different is:
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  TAY! SERVICE OR ANY OTHER  ARTICLE IV SHARES  The number of shares of stock is: 100 SHARES AT	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Name and Title: Teffrey GELFOND Name and Address: 9000 PARK BLVJ, 47 Address: SCHINOLE 74, 33777	
Name and Title: MILARED BELFOND Name and Address:  Seminole 7L, 33777  Director	Title:
Name and Title: LCONARD GC/TOND Name and Address: Selfinole 44. 33777 Director	Title:
ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered Name:  Address:  YOOO PARK BLUD #1  SCHURCLE 74 33010	d agent is:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Name:  Address:  QOO PARK BIVD, & SOND	
Having been named as registered agent to accept service of process for the aborthis certificate. I am familiar with and accept the appointment as registered agent	
I submit this document and affirm that the facts stated herein are true. I am a document to the Department of State constitutes a third degree felony as provided  Required Signature/Incorporator	ware that the false information submitted in a