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(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·
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SECRETARY OF STATE
TAIL ALL STEEL STORE

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## **COVER LETTER**

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

SUBJECT: GO	NZTURI VENTU	IRES INC	UDE SUFFIX)
Enclosed are an ori	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 of Status  PPY REQUIRED
FROM: J	acqueline Ferrei	ra	
	Nam	ne (Printed or typed)	
4	182 Kivey Dr		
<del></del>		Address	
L	ake Worth, FL 3		
_		, State & Zip	
<b>5</b>	617237106		

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

Daytime Telephone number

jackief79@gmail.com
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 I The name of the c	NAME corporation shall be:	GONZTU	IRT VEN	TURES	INC.
ARTICLE II 4182 LAKE	PRINCIPAL OFFICE Principal street a - KIVEY - WORTH,		Maili	ng address, if differer	ut is:
ARTICLE III The purpose for v		organized is:			
					<u>ω</u>
				25 25 27 27 20	FILED
ARTICLE IV The number of sh		100		12 ( ) () ( ) ( ) () ( ) ( ) ( )	<b>4</b> : 25
ARTICLE V		es and/or director: ELINE FERREIRA		PRESI	DENT
Address	4182 _La KE	- Kivey Dr. WORTH, FL 33461	Address:		
Name an Address		and Kosturi Kivey Dr.		V. PRESII	-
Audices	-	NORTH, FL. 33461			
Name an Address					
, autos					

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Bo	NOT acceptable) of the registered agent is:
	E FERREI RA
	<del></del>
Address: 4182- Kiver Lake Worth	<u> </u>
Lake Worth	<u> FL.33461</u>
ARTICLE VII INCORPORATOR	CRETAN FIL
The <u>name and address</u> of the Incorporator is:	
Name: JACQUELIA	JE PERREIRA
Address: 4182 - Kin	vey pr. 3
LAKEWOR	rey pr. TH, FL 33461
Having been named as registered agent to according the certificate, I am familiar with and accept the	pt service of process for the above stated corporation at the place designated in e appointment as registered agent and agree to act in this capacity
Required Signature/F	egistered Agent 3 6 13
I submit this document and affirm that the fa-	ets stated herein are true. I am aware that the false information submitted in a sa third degree felony as provided for in s.817.155, F.S.
Required Signature	7Incorporator 2/6/13
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