

PI 4000005907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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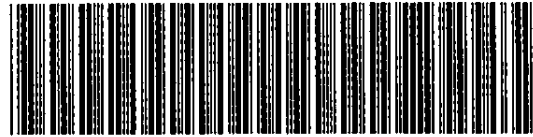
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

MD 1/22

## COVER LETTER

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

SUBJECT: **Gearlitus, 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: **Carl Bryan Jr**

Name (Printed or typed)

**19325 NW 19th Court**

Address

**Miami Gardens, FL 33056**

City, State & Zip

**424-253-6086**

Daytime Telephone number

**gearlitus@yahoo.com**

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:

Gearlitus, Inc

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

19325 NW 19th Court

Miami Gardens, FL 33056

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is:

For the development and retail of unisex apparel

**ARTICLE IV    SHARES**

The number of shares of stock is:

100

**ARTICLE V    INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Carl Bryan Jr- President

Name and Title: \_\_\_\_\_

Address

19325 NW 19th Court

Address: \_\_\_\_\_

Miami Gardens, FL 33056

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Carl Bryan Jr

Address: 19325 NW 19th Court

Miami Gardens, FL 33056

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ED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Carl Bryan Jr

Address: 19325 NW 19th Court

Miami Gardens, FL 33056

*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

01/10/2014

\_\_\_\_\_  
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

01/10/2014

\_\_\_\_\_  
Date