

P/4000009265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

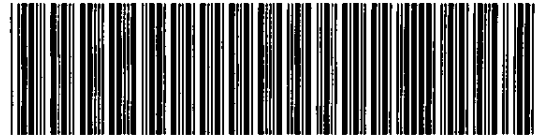
(Business Entity Name)

(Document Number)

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

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01/23/14--01017--012 \*\*70.00

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14 JAN 23 AM 10:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

K 01/31/14

## COVER LETTER

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

**SUBJECT:** GC Services Enterprise 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:** Mayra Martinez

Name (Printed or typed)

14619 Sw 99 Street

Address

Miami Florida 33186

City, State & Zip

7863995190

Daytime Telephone number

topcraftsinc@hotmail.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: GC Services Enterprises Inc.

**ARTICLE II    PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

14619 Sw 99 St

Miami Fl: 33186

**ARTICLE III    PURPOSE**

The purpose for which the corporation is organized is: Construction Services

**ARTICLE IV    SHARES**

The number of shares of stock is: 100

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

Name and Title: Mayra Martinez

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

Address President

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

14619 Sw 99 St

Miami Fl 33186

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(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: Mayra Martinez  
Address: 14619 Sw 99 St  
Miami Fl 33186

**ARTICLE VII INCORPORATOR**

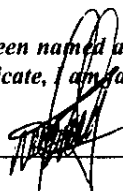
The name and address of the Incorporator is:

Name: Mayra Martinez  
Address: 14619 Sw 99 St  
Miami Fl 33186

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TALLAHASSEE, FLORIDA

*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*

X



\_\_\_\_\_  
Required Signature/Registered Agent

01/15/2014

\_\_\_\_\_  
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.*

X



\_\_\_\_\_  
Required Signature/Incorporator

01/15/2014

\_\_\_\_\_  
Date