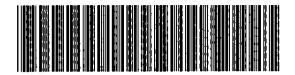
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## **COVER LETTER**

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

SUBJECT: G	& N Dezigner, In	C.	•
	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d 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 CO	PY REQUIRED
1 KOM	homas Gyince Name S25 NW 125th Av	(Printed or typed)	
		Address	
С	oral Springs, FL		
	•	State & Zip	
56	61-372-1465		
	Daytime T	elephone number	
Na	adegealmonoe@ya	hoo.com	
<del></del>	E-mail address: (to be use	d 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: G & N Dezigner, In  ARTICLE II PRINCIPAL OFFICE  Principal street address  G & N Dezigner, Inc		Mailing address, if different is:  G & N Dezigner, Inc  5625 NW 125th Avenue  Coral Springs, FL 33076		
5625 NW 125th Avenue  Coral Springs, FL 33076				
ARTICLE IV S. The number of shares	of stock is:	147821	יי פון	
he number of shares	of stock is: 1000  NITIAL OFFICERS AND/OR DIRECTOR		<u>-</u>	
The number of shares  ARTICLE V II  Name and T	of stock is:	Name and Title:	<u>-</u>	
he number of shares	of stock is: 1000 NITIAL OFFICERS AND/OR DIRECTOR	<u> </u>	<u>-</u>	
The number of shares  ARTICLE V II  Name and T	MITIAL OFFICERS AND/OR DIRECTOR Thomas Gyince, President 5625 NW 125th Avenue Coral Springs, FL 33076  Madege Almonord, VP	Name and Title:	E .	
he number of shares  RTICLE V II  Name and T  Address	NITIAL OFFICERS AND/OR DIRECTORS Sitle: Thomas Gyince, President 5625 NW 125th Avenue Coral Springs, FL 33076  Nadege Almonord, VP 5625 NW 125th Avenue	Name and Title:	<b>K</b>	
Name and Ti	MITIAL OFFICERS AND/OR DIRECTOR Thomas Gyince, President 5625 NW 125th Avenue Coral Springs, FL 33076  Madege Almonord, VP	Name and Title:  Name and Title:	<b>K</b>	
Name and T Address  Name and T Address	NITIAL OFFICERS AND/OR DIRECTOR Sitle: Thomas Gyince, President 5625 NW 125th Avenue Coral Springs, FL 33076  Sitle: Nadege Almonord, VP 5625 NW 125th Avenue Coral Springs, FL 33076	Name and Title:  Name and Title:	S S S S S S S S S S S S S S S S S S S	

Name and	d Title:	Name and Title:		
Address		Address:		
ARTICLE VI The name and Fl	REGISTERED AGENT orida street address (P.O. Box NOT acceptable) of	the registered agent is:		
Name:	Thomas Gyince, President	3		
Address:	5625 NW 125th Avenue			
Address.	Coral Springs, FL 33076		DIVISION OF 14 FEB 21	SECRE
ARTICLE VII	INCORPORATOR		2 of c	
The <u>name and ad</u>	dress of the Incorporator is:		AH ORPO	≨E
Name:	Thomas Gyince, President		WHII: 40	AIS
Address:	5625 NW 125th Avenue		SHGI O	4.
	Coral Springs, FL 33076	•		
I submit this doc	ned as registered agent to accept service of process am familiar with and accept the appointment as reg  Required Signature/Registered Agent ument and affirm that the facts stated herein are	istered agent and agree to act i  true. I am aware that the false	n this capacity  2-20-14  Date  information submitted in	
	Department of State constitutes a third degree felon			
/				