

P14000037770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

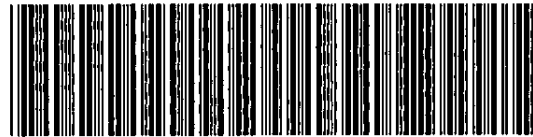
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/28/14--01049--013 **87.50

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SECRETARY OF STATE
DIVISION OF CERTIFICATIONS
2014 APR 28 PM 4:35

14

COVER LETTER

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

SUBJECT: Gigabyte Solutions 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: Gabriel Marquez
Name (Printed or typed)

207 Twelve League Circle
Address

Casselberry, FL 32707
City, State & Zip

321-356-0976
Daytime Telephone number

Thegigabyte Solutions@gmail.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)

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DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: Gigabyte Solutions Inc.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

207 Twelve League Circle
Casselberry FL 32707

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide general computer repairs
to the public. This corporation will serve a general purpose
for profit.

ARTICLE IV SHARES

The number of shares of stock is: 10,000,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gabriel Marquez C.E.O. Name and Title: _____

Address 207 Twelve League Cir. Address: _____
Casselberry FL 32707

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

(cont.)

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DIVISION OF CORPORATIONS

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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: Gabriel Marquez
Address: 207 Twelve League Cir.
Casselberry FL 32707

ARTICLE VII INCORPORATOR

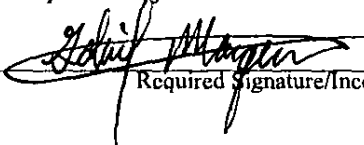
The name and address of the Incorporator is:

Name: Gabriel Marquez
Address: 207 Twelve League Cir.
Casselberry FL 32707

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

 4/23/14
Required Signature/Registered Agent 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.

 4/23/14
Required Signature/Incorporator Date