

# P/400057555

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6381

From: Account Name : CORP USA  
Account Number : 072450003255  
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TALLAHASSEE, FLORIDA

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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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## FLORIDA PROFIT/NON PROFIT CORPORATION 4 G'S VENTURES, INC.

Certificate of Status	0
Certified Copy	0
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July 1, 2014

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CORP USA

SUBJECT: 4 G'S VENTURES, INC.  
REF: W14000040728

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You must list at least one incorporator with a complete business street address.

If you have any further questions concerning your document, please call (850) 245-6052.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: E14000156587  
Letter Number: 514A00014218

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SECTION  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

414000156587

COVER LETTER

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

SUBJECT: 4 G's Ventures 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
ADDITIONAL COPY REQUIRED

FROM: 4 G's Ventures, Inc.  
Name (Printed or typed)

12546 Ridgewny Court  
Address

DAVIE, FL 33330  
City, State & Zip

305-202-3093  
Daytime Telephone number

golf4foode@aol.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: 4 G's Ventures, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address

Mailing address, if different is:

12546 Ridgeway Court

DAVIE, FL 33330

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Consulting

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

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

Name and Title: Julious Grant President Name and Title: \_\_\_\_\_

Address: 12546 Ridgeway Court Address: \_\_\_\_\_

DAVIE, FL 33330

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

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

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

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

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TALLAHASSEE, FLORIDA

(cont.)

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: ALBERT R COHEN CPA  
Address: 11420 N. KENNEDY BLVD #203  
MIAMI, FL 33176

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**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Julious Grant  
Address: 12546 Ridgeway Court  
Davie, FL 33330

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

Albert R. Cohen

Required Signature/Registered Agent

6/30/14

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.

Julious Grant

Required Signature/Incorporator

6/30/14

Date