

PA000083563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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COVER LETTER

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

SUBJECT: Golisan Corporation-Corp.

(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: Marcel Huber
Name (Printed or typed)
16850-1112 Collins Ave. #494
Address
Sunny Isles Beach, FL 33160
City, State & Zip
305-776.1040
Daytime Telephone number
info@golisan.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 **Golisan Corp.**

The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16850-1112 Collins Ave.#494

Sunny Isle Beach, FL 33160

ARTICLE III PURPOSE

Distribution of Herbal and Spice Extracts

The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Marcel Huber	Name and Title:	Director
Address	1800 NE 114 Street Apt 903	Address:	
	Miami, FL 33181		

Name and Title:	Arman Sarhaddar	Name and Title:	Director
Address	1518 NE 105th St	Address:	
	Miami Shores, FL 33138		

Name and Title:		Name and Title:	
Address		Address:	

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CLERK OF DISTRICT COURT
MIAMI, FLORIDA

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:

Marcel Huber

Name: _____

1800 NE 114th St. Apt.903

Address: _____

Miami, FL 33181

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marcel Huber

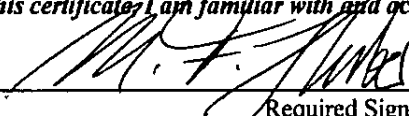
Name: _____

1800 NE 114th St. Apt. 903

Address: _____

Miami, FL 33181

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

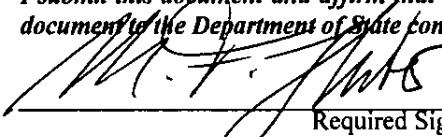


Required Signature/Registered Agent

10-01-14

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.



Required Signature/Incorporator

10-01-14

Date

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA