4000/00/86

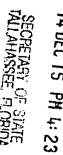
(Requestor's Name)					
(Address)					
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

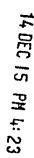
Office Use Only



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COVER LETTER

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

SUBJECT: GIO	pai Advertising and	i Marketing Sei	rvices inc.
	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
	. 1 1 (1) (1)		1 1 1 0
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	1 a check for:
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee	\$87.50 Filing Fee,
	& Certificate of Status	& Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
	oberto Sotolongo Name 1370 SW 72 ST S	e (Printed or typed)	
		Address	——
M	iami, FL 33173		
~7 (•	State & Zip	
78	36-210-7045	elephone number	
-			
SC	otolongor@gmail E-mail address: (to be use	.COII	notification)
	D man address. (10 be use	a tor ratare armaar report	

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)



name of the corp	RINCIPAL OFFICE	
11000 11 1	Principal street address	Mailing address SECRETARY, OF STAT
370 SW 7	72 ST. Suite: A255	PALLADAGEE, PALVAIL
liami, FI	33173	
RTICLE III PO	IRPOSE h the corporation is organized is:	ng and marketing of products, business and services.
		
RTICLE IV Si	HARES of stock is:	
ETICLE IV Si	HARES of stock is:	
	NITIAL OFFICERS AND/OR DIRECTO	DRS
	VITIAL OFFICERS AND/OR DIRECTO itle: Roberto Sotolongo, Director	PRS Name and Title:
TICLE V II	VITIAL OFFICERS AND/OR DIRECTO	
PATICLE V II	VITIAL OFFICERS AND/OR DIRECTO itle: Roberto Sotolongo, Director	Name and Title:
PATICLE V II	NITIAL OFFICERS AND/OR DIRECTOR itle: Roberto Sotolongo, Director 9370 SW 72 St.	Name and Title:
PATICLE V II	Roberto Sotolongo, Director 9370 SW 72 St. Suite: A255 Miami, Fl 33173	Name and Title:Address:
Name and To Address Name and To	Roberto Sotolongo, Director 9370 SW 72 St. Suite: A255 Miami, Fl 33173 Frank Garcia, Director 9370 SW 72 ST	Name and Title: Address: Name and Title:
Name and T Address	Roberto Sotolongo, Director 9370 SW 72 St. Suite: A255 Miami, Fl 33173 Frank Garcia, Director 9370 SW 72 ST	Name and Title: Address: Name and Title:
Name and To Address Name and To	MITIAL OFFICERS AND/OR DIRECTOR 1011:Roberto Sotolongo, Director 9370 SW 72 St. Suite: A255 Miami, Fl 33173 1011:Frank Garcia, Director 9370 SW 72 ST.	Name and Title: Address: Name and Title:
Name and To Address Name and To Address	PATTIAL OFFICERS AND/OR DIRECTOR 1011:Roberto Sotolongo, Director 9370 SW 72 St. Suite: A255 Miami, FI 33173 101:Frank Garcia, Director 9370 SW 72 ST. Suite: A255 Miami, FL 33173	Name and Title: Address: Name and Title: Address:



Name and	d Title:	Name and Title:	14 DEC 15 PM 4: 23
Address		_ Address:	SECRETARY OF STATE TALLAHASSEE, PLORIDA
		- –	
ARTICLE VI	REGISTERED AGENT		
The <u>name and Fl</u>	orida street address (P.O. Box NOT acceptable) of	the registered agent	is:
Name:	Roberto Sotolongo	_	
Address:	9370 SW 72 ST Suite:A255	_	
	Miami, FI 33173	_	
ARTICLE VII	INCORPORATOR		
The <u>name and ad</u>	dress of the Incorporator is:		
Name:	Roberto Sotolongo		
Address:	9370 SW 72 St Suite:a255		
	Miami, Fl 33173		
	ed as registered agent to accept service of process on familiar with and accept the appointment as reg		
	-///		11/27/2014
<u> </u>	Required Signature/Registered Agent		
	iment and affirm that the facts stated herein are in Department of State constitutes a third degree felon		s.817.155, F.S.
/ Louis	to Soldon		11/27/2014
	Required Signature/Incorporator		Date