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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/13/15

COVER LETTER

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

FILED
15 JAN -9 PH 3 02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: G & J REMODELING 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: G & J REMODELING INC

Name (Printed or typed)

2102 SUNRISE DR

Address

JACKSONVILLE FL 32246

City, State & Zip

516-403-3669

Daytime Telephone number

lionelgalo18@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)

ARTICLE I NAME

The name of the corporation shall be:

G & J REMODELING INC

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ARTICLE II PRINCIPAL OFFICE

Principal street address

2102 SUNRISE DR

JACKSONVILLE FL 32246

Mailing address, if different is:

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Home renovation, dry wall, painting, kitchen cabinets renovation

Tile, hard wood floors, Bathroom remodeling and carpentry.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **LIONEL GALO - PRESIDENT**

Address **2102 SUNRISE DR**
JACKSONVILLE FL 32246

Name and Title: **JOSE R. VALLADARES- VICE PRESIDENT**

Address: **7400 POWERS AVE APT # 486**
JACKSONVILLE FL. 32217

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

(conti.)

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:

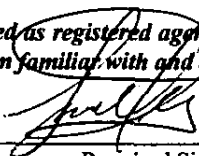
Name: LIONEL GALO
Address: 2102 SUNRISE DR
JACKSONVILLE FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LIONEL GALO
Address: 2102 SUNRISE DR
JACKSONVILLE FL 32246

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

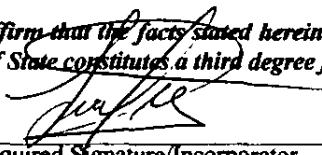


Required Signature/Registered Agent

12-31-2014

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

12-31-2014

Date

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