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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GIGILEON CORP**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

15 FEB 20 AM 11:26
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

15 FEB 20 PM 3:23
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

Handwritten signature and date 2/23

H15000044815

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME: The name of the corporation is:

Giloi LEON Corp

ARTICLE II PRINCIPAL OFFICE:

The principal street address and mailing address is:

980 SW 6 PL

HOMESTEAD FL 33034

ARTICLE III SHARES: The number of shares of stock is: 100

ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:

Gilda R. Valdes (PRESIDENT)

980 SW 6 PL

HOMESTEAD FL 33034

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Gilda R. Valdes

980 SW 6 PL

HOMESTEAD FL 33034

ARTICLE VI INCORPORATOR: The name and address of the Incorporator is:

GILDA R. VALDES

980 SW 6 PL

HOMESTEAD FL 33034

RECORDED IN STATE
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15 FEB 20 AM 11:26

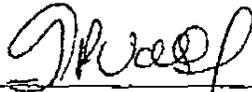
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Required Signatures:

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

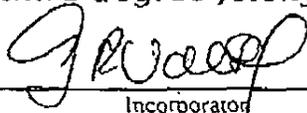


Registered Agent

02/20/15

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.



Incorporator

02/20/15

Date

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