

P15000037602

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

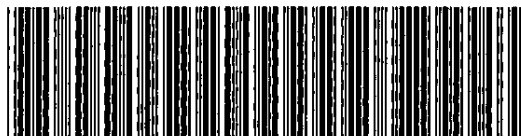
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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04/08/15--01022--001 \*\*87.50

15 APR 27 AM 11:00  
OFFICE OF THE CLERK  
COURT OF COMMON PLEAS  
JULIUS ROBERTS BUILDING  
1000 MARKET STREET  
PHILADELPHIA, PA 19107

15-25335

MD 4/28

## COVER LETTER

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

SUBJECT: **G & C MATRESS & MISCELLENEOUS STORE, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **GENEL CASTELLIN**  
Name (Printed or typed)  
**560 NW 113 STREET APT 2**  
Address  
**MIAMI, FLORIDA 33168**  
City, State & Zip  
**7863565178**  
Daytime Telephone number  
**GENELCASTELLIN@HOTMAIL.COM**  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 13, 2015

GENEL CASTELLIN  
560 NW 113 STREET, APT.2  
MIAMI, FL 33168

SUBJECT: G & C MATRESS & MISCELLENEOUS STORE, INC.  
Ref. Number: W15000025335

We have received your document for G & C MATRESS & MISCELLENEOUS STORE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The value of stock is not required. Please remove all symbols (\$).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Maryanne Dickey  
Regulatory Specialist II  
New Filing Section

Letter Number: 515A00007235

8-4

**COVER LETTER**

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

**SUBJECT:** GC MATTRESS AND MISCELLANEOUS STORE, 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:** GENEL CASTELLIN  
Name (Printed or typed)  
560 NW 113 STREET APT 2  
Address  
MIAMI, FLORIDA 33168  
City, State & Zip  
(786)356-5178  
Daytime Telephone number  
GENELCASTELLIN@HOTMAIL.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: GC MATTRESS AND MISCELLANEOUS STORE, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

125 N. MIAMI AVE

MIAMI, FLORIDA 33128

Mailing address, if different is:

PO. BOX 398121

MIAMI BEACH, FLORIDA 33239

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: PROFESSIONAL CORPORATION. MAKING PROFIT AND INVEST.

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: GENEL CASTELLIN PRESIDENT OR CEO

Address: 560 NW 113 STREET APT 2  
MIAMI, FLORIDA 33168

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

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

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

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

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

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

15 APR 27 AM 11:00  
FILED  
CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

(cont.)

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

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

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

15 APR 27 AM 11:00  
2015  
10:15  
10:15

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

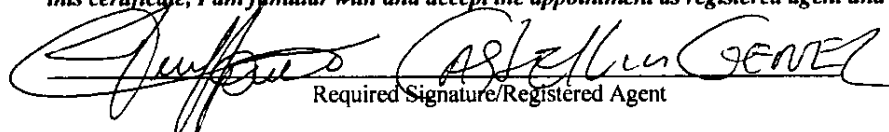
Name: GENEL CASTELLIN  
Address: 560 NW 113 STREET APT 2  
MIAMI, FLORIDA 33168

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: GENEL CASTELLIN  
Address: 560 NW 113 STREET APT 2  
MIAMI, FLORIDA 33168

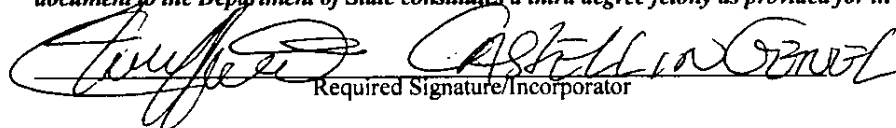
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
Required Signature/Registered Agent

04/20/2015

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

04/20/2015

Date