

P15000039051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

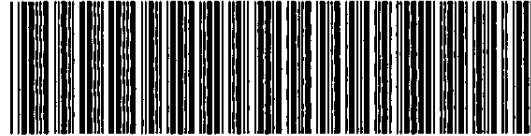
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR 27 AM 10:25
STATE OF FLORIDA
CLERK OF THE COURT
JUDICIAL CIRCUIT IN AND FOR
DADE COUNTY
CORPORATE FILINGS SECTION

MD 511

COVER LETTER

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

SUBJECT: **GN MARINE SOLUTIONS, 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: **GABRIEL N NAZARIO**

Name (Printed or typed)

2900 NW 130TH AVENUE, APT 145

Address

SUNRISE, FL 33323

City, State & Zip

954-702-8644

Daytime Telephone number

gabrielnazario20@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 GN MARINE SOLUTIONS, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

2900 NW 130TH AVENUE, APT 145
SUNRISE, FL 33323

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: STARTED A NEW BUSINESS

ARTICLE IV SHARES 100
The number of shares of stock is.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GABRIEL N NAZARIO, PRES

Address: 2900 NW 130TH AVENUE, APT 145
SUNRISE, FL 33323

Name and Title: _____

Address: _____

Name and Title: GABRIEL N NAZARIO, VP

Address: 2900 NW 130TH AVENUE, APT 145
SUNRISE, FL 33323

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

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: GABRIEL N NAZARIO
Address: 2900 NW 130TH AVENUE, APT 145
SUNRISE, FL 33323

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name: GABRIEL N NAZARIO
Address: 2900 NW 130TH AVENUE, APT 145
SUNRISE, FL 33323

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

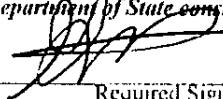


Required Signature/Registered Agent

04/17/2015

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

04/17/2015

Date