

# **Electronic Articles of Incorporation For**

**P15000060755  
FILED  
June 09, 2015  
Sec. Of State  
msolomon**

GLOBAL CAPITAL PROFESSIONAL SERVICES, INC.

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

GLOBAL CAPITAL PROFESSIONAL SERVICES, INC.

## **Article II**

The principal place of business address:

20474 NW 13TH AVE  
MIAMI, FL. 33169

The mailing address of the corporation is:

8939 S. SEPULVEDA BLVD  
235  
LOS ANGELES, CA. 90045

## **Article III**

The purpose for which this corporation is organized is:

ANY AND ALL LAWFUL BUSINESS.

## **Article IV**

The number of shares the corporation is authorized to issue is:

100

## **Article V**

The name and Florida street address of the registered agent is:

REGINAL D KING  
20474 NW 13TH AVE  
SUITE 102  
MIAMI, FL. 33169

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: REGINAL KING

## **Article VI**

The name and address of the incorporator is:

REGINAL D KING  
8939 S SEPULVEDA BLVD  
  
WESTCHESTER, CA 90045

Electronic Signature of Incorporator: REGINAL KING

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P  
REGINAL KING  
8939 S SEPULVEDA BLVD  
WESTCHESTER, CA. 90045

Title: VP  
KEONNI KING  
8939 SEPULVEDA BLVD  
WESTCHESTER, CA. 90045

Title: VP  
TARYN KING  
8939 S SEPULVEDA BLVD  
WESTCHESTER, CA. 90045

## **Article VIII**

The effective date for this corporation shall be:

06/09/2015

July 20, 2015

P15000060755

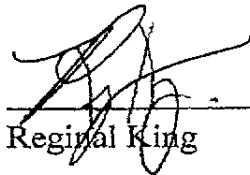
Department of State  
Florida

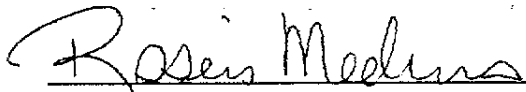
Re: Document Number W15000041015

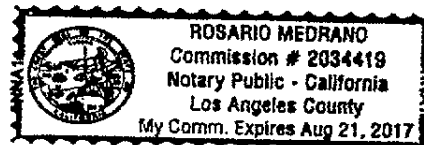
Entity Name: Global Capital Professional Services

**Affidavit**

I Reginal King hereby certify that As the Owner of Global Capital Professional Services I will not reopen Said Corporation in the state of Florida.

  
\_\_\_\_\_  
Reginal King

  
\_\_\_\_\_  
Notary



enclosed Acknowledgment

is:starred

Mail

Move to Inbox

COMPOSE

Corporate Filing - 500273853715

Inbox x

Inbox (2,452)

Starred

Important

Sent Mail

Drafts (1)

Circles

Follow up

Misc

Notes

Priority

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BOMB BREED

Carmel Millen

Cori Waters

crystal carr

Darrell Mayo

Derrick L. Encour...

John Moore

Lance Robert

Osie Leon Wood Jr.

Reggie Thompson

coronline@dos.state.fl.us via dos.myflorida.com

Document Number: W15000041015

Entity Name: GLOBAL CAPITAL PROFESSIONAL SERV

Tracking Number: 500273853715

Pin Number: 3715

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation, unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

One or more major words may be added to make the name distinguishable.

The document number of the name conflict is P13000045595 - GLOBAL CAPITAL PROFESSIONAL SERVICES, INC..

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

To make the necessary corrections to your filing, return to our website at [www.sunbiz.org](http://www.sunbiz.org) and click on "E-Filing Services", and then choose the type of filing you are trying to correct. Pull down the vertical scroll bar until you see the two blocks entitled "Tracking Number" and "Pin Number," which are located on the right hand side of the page. Next, enter your tracking number and pin number. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online. Please allow 1-2 business days for your corrected document to be processed

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

CIVIL CODE § 1189

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los AngelesOn 7/20/2015 before me, Rosario Medrano, Notary Public

Date

Here Insert Name and Title of the Officer

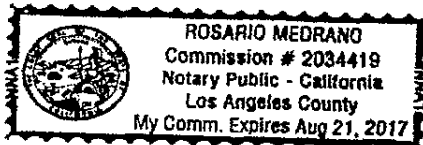
personally appeared Reginal King

Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Signature

Signature of Notary Public

Place Notary Seal Above

**OPTIONAL**

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_

☐ Corporate Officer — Title(s): \_\_\_\_\_☐ Partner — ☐ Limited ☐ General☐ Individual ☐ Attorney in Fact☐ Trustee ☐ Guardian or Conservator☐ Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_