

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000190637 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

 \mathbf{E}

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CORP USA

Account Number : 072450003255

: (305)634-3694

Fax Number

: (305)633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA PROFIT/NON PROFIT CORPORATION GUDECA ENTERPRISES, INC.

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

8/6/2015

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

3696889908

H15000190637

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 62t, F.S. (Profit)

<i>CLE II PRIN</i> HOLLYWOODE	Principal <u>street</u> address OULEVARD	Mailing : 10510 NW 31ST	address, if different is:
Lywood, Floi		SUNRISE, FLOR	
•	ose the corporation is organized is:		
CTFIV SUAL	ES		
number of stares o	Fstock is: AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT		
	Fstock is: AL OFFICERS AND/OR DIRECTOR		7
number of shares of states of the state of t	Fslock is: AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD	Name and Title:	SECH LA
CLE V INITE Name and Tit	AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD APT. 102 COCONUT CREEK, FL 33073	Name and Title:	Þς
number of shares of states of states of the	AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD APT. 102 COCONUT CREEK, FL 33073	Name and Title:Address:	SECHETAF
Name and Tith	AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD APT. 102 COCONUT CREEK, FL 33073 MERI MARKS, SECT	Name and Title: Address: Name and Title:	SECRETARY OF STALLAHASSEE. FLOR
Name and Title Name and Title	AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD APT. 102 COCONUT CREEK, FL 33073 MERI MARKS, 10510 NW 31ST COURT	Name and Title: Address: Name and Title:	SECRETAR OF S
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTOR GUY FRIED, PRESIDENT 5521 N. WINSTON PARK ROAD APT. 102 COCONUT CREEK, FL 33073 MERI MARKS, 10510 NW 31ST COURT	Name and Title:	SECRETARY OF STATE TALLAMASSEE, FLORIDA

(conti.)

Name and	Title:	Name and Title:	
Address		. Address:	
	Manage and the page of the pag	=	
	Chillippe and a second desirable for the secon		
	REGISTERED AGENT ridg street address (P.O. Box NOT acceptable) of	the maistered agent	je.
Name:	DEDCEAH A. CARLE	mo regisected agent	13.
Address:	6705 NW 58th STREET		
	TAMBRAC, FL 33321-572	5	
ARTICLE VII	INCORPORATOR		
The name and ado	tress of the Incorporator is:		
Name:	DeboRAL A. CARLE		
Address:	6705 NW S8TASTREET TAMBERC, FL 37321-5		
	TAMARAC, FL 38321-5	7.25	
Having heen name	nd as registered agent to accept vervice of process	for the above states	d corporation at the place designated in
into certificate, i ai	m familiar with and accept the appointment as reg	, -	gree to act in this capacity
T. Carlot	Required Signature/Registered Agent	the distinct of the second	8/6// Sheete
I submit this docu	ment and affirm that the facts stated herein are e epartment of State constitutes a third degree felon	true. I am aware th	uat the false information submitted in a
	$\mathfrak{s} \cap \mathfrak{A} = \mathfrak{A} = \mathfrak{s}$	•	8.617.155, P.S.
Tabare	Required Signature/Incorporator	**************************************	S/6/Sate
			1 SE TALI
			CRI CAF

FEW 06/2016 02:32 306633696