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PAY No. 001

Florida Department of State
Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
GAO CORP

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

AUG 3 1 2015

S. GILBERT

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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: GAO CORP

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

2692 SW 137 AVE

MIAMI, FL 33175

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HELDER RUIZ (P)

Name and Title: _____

Address 2692 SW 137 AVE

Address: _____

MIAMI, FL 33175

Name and Title: INGRIO ZAGER (D)

Name and Title: _____

Address 2692 SW 137 AVE

Address: _____

MIAMI, FL 33175

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: AVEL A. GONZALEZ
Address: 2688 SW 137 AVE
MIAMI, FL 33175

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HELDER RUIZ
Address: 2692 SW 137 AVE
MIAMI, FL 33175

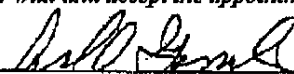
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

08/28/2015
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

08/28/2015
Date