

P15000097284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

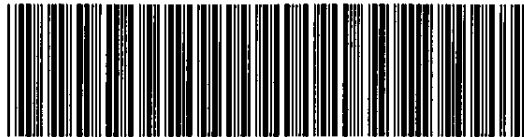
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700279516267

11/30/15--01004--010 **78.75

15 NOV 30 PM 12:32
FILED IN 2015
711 AND 800-211-1010

ymd 12/18

COVER LETTER

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

SUBJECT: GGD DUDE, 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: J.C. CAMERON-HAYES
Name (Printed or typed)

400 NORTH CONGRESS AVENUE, SUITE 100
Address

WEST PALM BEACH, FL 33401
City, State & Zip

561-686-3161
Daytime Telephone number

JCHECALIDUS.CO
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: GGD DUDE INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

400 NORTH CONGRESS AVENUE
SUITE 100, WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE INVESTMENT

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIETMAR DUDE, President / Director

Address: 400 NORTH CONGRESS
AVENUE, SUITE 100
WEST PALM BEACH, FL 33401

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: JONATHAN CAMERON - HAYES

Address: 400 NORTH CONGRESS AVENUE, SUITE 100
WEST PALM BEACH, FL 33401

15 NOV 30 PM 12:32
RECEIVED
FILING
CLERK

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: JONATHAN CAMERON - HAYES

Address: 400 NORTH CONGRESS AVENUE, SUITE 100
WEST PALM BEACH, FL 33401

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

[Signature]

Required Signature/Registered Agent

11/24/15

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.

[Signature]

Required Signature/Incorporator

11/24/15

Date