P16000025704

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
,				





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03/14/16--01018--005 **78.75

CALL ARREST OF STATE OF STATE

COVER LETTER

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

SUBJECT: GAON	JA, INC				
SCBOECT:	(PROPOSED CORPORA	TE NAME - MUST INCL	UDE SUFFIX)		
					
Enclosed are an ori	ginal and one (1) copy of the art	icles of incorporation and	l a check for:		
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status		
		ADDITIONAL CO	PY REQUIRED		
FROM:		(Printed or typed)			
11	6 Morningside Rd.				
Address					
Ve	enice, Fl. 34293				
	City, State & Zip				
94	1-544-3258				
	Daytime Telephone number				
gao	onafish@aol.com				
	E-mail address: (to be used	d for future annual report r	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 corporat	ion shall be: GAONA INC		Mary Mary
ARTICLE II PRINC		On!	Mailing address, if different is:
Venice, Fl. 34283		EL	BOX 461 CAR
ARTICLE III PURPO The purpose for which the	SE Any and e corporation is organized is:	all lawful activities p	ermitted under Florida Statutes
ARTICLE IV SHARE The number of shares of share	L OFFICERS AND/OR DIRECTORS	Name and Title	. Ottila Gaona
Address	116 Morningside Rd.	Address:	116 Morningside Rd.
	Venice, Fl 34293	<u></u>	Venice, Fl. 34293
Name and Title:		Name and Title:	:
Address	· .		
Name and Title:		Name and Title:	
Address		Address:	

Title:	Name and Title:			
	Address:			
EGISTERED AGENT rida street address (P.O. Box NOT acceptable	of the registered agent is:			
Marco Gaona	To the registered agent is:			
116 Morningside Rd,	-			
Venice, Fl. 34293	_			
				
NCORPORATOR				
ress of the Incorporator is:				
Marco Gaona	<u></u>			
116 Morningside Rd.				
Venice, Fl. 34293	<u> </u>			
EFFECTIVE DATE: her than the date of filing: SANUARY	/ /, 2016 . (OPTIONAL)			
te is listed, the date must be specific and can	not be more than five business days prior or 90 business			
	Note that the second of the se			
ed as registered agent to accept service of proc	ess for the above stated corporation at the place designated in			
	registered agent and agree to act in this capacity			
so Samo	3-9-16			
Required Signature/Registered Agent	Date			
I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a				
epartment of State donstitutes a third degree fe	ony as provided for in s.817.155, F.S.			
Co Hours Adams				
	EGISTERED AGENT rida street address (P.O. Box NOT acceptable) Marco Gaona 116 Morningside Rd, Venice, Fl. 34293 VCORPORATOR ress of the Incorporator is: Marco Gaona 116 Morningside Rd. Venice, Fl. 34293 EFFECTIVE DATE: her than the date of filing: te is listed, the date must be specific and can ig.) asserted in this block does not meet the applicable active date on the Department of State's record as registered agent to accept service of process familiar with and accept the appointment as a Required Signature/Registered Agent			