

PI 6000 54787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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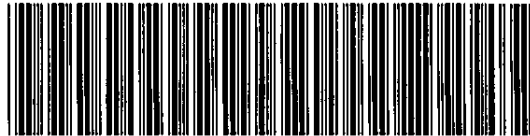
(Business Entity Name)

(Document Number)

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S. GILBERT

COVER LETTER

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

SUBJECT: GLOBAL INSURANCE AND TAX SOLUTIONS, *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: JULIO C DE LOS REYES GAVILAN
Name (Printed or typed)

16015 SW 102 LN
Address

MIAMI, FL 33196
City, State & Zip

786-972-2102
Daytime Telephone number

rommel831@hotmail.com
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: GLOBAL INSURANCE AND TAX SOLUTIONS *inc*

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16015 SW 102 LN

MIAMI, FL 33196

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SALES AND SERVICE OF FINANCIAL PRODUCTS.INSURANCE AND TAX PREPARATION.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JULIO C DE LOS REYES GAVILAN(PR

Name and Title:

Address

Address:

16015 SW 102 LN

MIAMI, FL 33196

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: JULIO C. de los Reyes Gavilan

Address: 16015 SW 102nd LN
Miami FL 33196

ARTICLE VII INCORPORATOR

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

Name: JULIO C. de los Reyes Gavilan

Address: 16015 SW 102nd LN
Miami FL 33196

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

06/16/2016
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

06/16/2016
Date