P1600065304

(Requestor's Name)						
(Address)						
(Address)						
(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:						

Office Use Only

254



600288720536



08/10/16--01001--003 **70.00



\$ 8/9/14

AND

COVER LETTER

16 张笔 - 9 門 4: 16

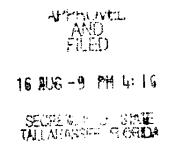
SECRETARIA SECRETARIA

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

SUBJECT: G & G I	investment Group, Inc.		
SUBJECT:	(PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the ar	ticles of incorporation and	d 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 CO	PY REQUIRED
FROM:	elyn Allmacher Nam S. King's Highway	e (Printed or typed)	
		Address	
For	t Pierce, FL 34945		
	City	, State & Zip	
561	-289-9071		
	Daytime 1	Telephone number	 -
Eve	lyna721@yahoo.com		
	E-mail address: (to be use	ed for future annual report	notification)

NOTE: Please provide the original and one copy of the articles.





August 9, 2016

EVELYN ALLMACHER 885 S. KING'S HIGHWAY FORT PIERCE, FL 34945

SUBJECT: G & G INVESTMENT GROUP, INC.

Ref. Number: W16000055171

We have received your document for G & G INVESTMENT GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 116A00016814



ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

16 RUG -9 PH 4: 16

TLE IV SHARES Index of shares of stock is: SHARES 100	Principal street address 985 S. Lings Huy Ft. Rence, Ft. 34945 LE III PURPOSE pose for which the corporation is organized is: LE IV SHARES mber of shares of stock is: LE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: Gustave S. Allmacher, President Address 885 S. King's Highway	Mailing address. if different is:
CLE IV SHARES upose for which the corporation is organized is: All Lawful Business CLE IV SHARES umber of shares of stock is: CLE V INITIAL OFFICERS ANDAOR DIRECTORS Name and Title: Address 885 S. King's Highway Fort Pierce, FL 34945 Name and Title: Address Name and Title: Address Name and Title: Name and Title:	LE IV SHARES mber of shares of stock is: Name and Title: Gustave S. Allmacher, President Address All Lawfi All Lawfi	Name and Title:
Name and Title:	The IV SHARES 100 nober of shares of stock is: Name and Title: But IV SHARES 100 nober of shares of stock is: Substant Shares of stock is: Address 885 S. King's Highway	Name and Title:
Name and Title:	Name and Title: 885 S. King's Highway	
Name and Title:	Name and Title: 885 S. King's Highway	
Name and Title:	Name and Title: 885 S. King's Highway	
Name and Title:	Name and Title: 885 S. King's Highway	
Name and Title: Name and Title: Address 885 S. King's Highway Fort Pierce, FL 34945 Name and Title: Address Name and Title:	Name and Title: 885 S. King's Highway	
Name and Title: Gustave S. Allmacher, President Name and Title:	Name and Title: Gustave S. Allmacher, President Address 885 S. King's Highway	
Address Fort Pierce, FL 34945 Name and Title: Address: Name and Title:	Address 885 S. King's Highway	
Name and Title: Name and Title: Address Name and Title: Name and Title: Name and Title: Name and Title:		
Address: Name and Title: Name and Title:		
Address: Name and Title: Name and Title:	Name and Title:	Name and Title:
Name and Title:Name and Title:		
Name and Title: Name and Title:		
	Nome and Title	N. Arti
Address Address:		
	Address	Address:



16 肌5-9 19 4:16

Name	and Title:	Name and Title:	/am
Address		Address:	TALLAHISSEE H. SAD
ARTICLE VI	REGISTERED AGENT		
The <u>name and</u>	Florida street address (P.O. Box NOT accep	stable) of the registered agent is:	
Name:	Gustave S. Allmacher		
Address:	885 S. King's Highway		
	Fort Pierce, FL 34945		
ARTICLE VII	INCORPORATOR		
	address of the Incorporator is:		
Name:	Gustave S. Allmacher		
Address:	885 S. King's Highway		
	Fort Pierce, FL 34945		
			·
ARTICLE VII	if other than the date of filing: 08/09/2016	(OPTIO	NAL)
(if an effective	e date is listed, the date must be specific an	d cannot be more than five b	NAL) usiness days prior or 90 business
days after the	filing.)		• •
Note: If the da	ate inserted in this block does not meet the ap	plicable statutory filing require	ments, this date will not be listed as
the document's	s effective date on the Department of State's r	ecords.	
Havina heen n	amed as registered agent to accept service of	neocass for the above stated o	comparation at the place decionated in
this certificate,	I am familiar with and accept the appointme	nt as registered agent and agre	e to act in this capacity
9	7 16 -		08/09/2016
	Required Signature/Registered Ag	ent	Date
I submit this d document to th	ocument and affirm that the facts stated her e Department of State constitutes a third degi	rein are true. I am aware that ree felony as provided for in s.k	the false information submitted in a
9	711		08/09/2016
Rec	quired Signature/Incorporator		Date
	•		