

P16000076941

Florida Department of State
Bureau of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000232553 3)))



H16000232553ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
GUELME'S LOCKSMITH INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 20 2015

E. SCOTT

REC-11-000
16 SEP 19 PM 3:35

16 SEP 19 PM 1:54

H16000232553

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:Guelmes Locksmith, INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1240 SW 74 Ave Miami FL 33144.**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Frank Guelmes - P**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Frank Guelmes1240 SW 74 AVEMIAMI FL 33144**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Frank Guelmes1240 SW 74 AVEMIAMI FL 33144


16 SEP 19 PM 1:54

H16000232553

H16000232553

Required Signatures:


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



Registered Agent

9/19/16.
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.



Incorporator

9/19/16.
Date

H16000232553