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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	-iling Officer:	
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COVER LETTER

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

SUBJECT: G	essler Ventures, Inc.		
	(PROPOSED CORPORAT	FE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an o	riginal and one (1) copy of the artic	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	 ☑ \$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	Phyllis S. Gessler	(Printed or typed)	
	4744 11th Ave. N		
_	A	ddress	
_	St. Petersburg, FL 33		
	City, S	State & Zip	
	727-323-4236		
	Daytime Te	elephone number	
_	phylskeys@aol.com		
	E-mail address: (to be used	I 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)

RTICLE I NA	ME Gessler Ventures	Inc	
he name of the corpor	ation shall be: Gessler Ventures,	1110.	
RTICLE II PR	INCIPAL OFFICE		
Principal street address		Mailing address,	if different is:
1744 11th Ave	. N		
St. Petersburg,	FL 33713		
			- ··· · · · · · · · · · · · · · · · · ·
The purpose for which	RPOSE the corporation is organized is: to engage	in E-Commerce Retail of Go	eneral Merchandise.
F F			
			A ST
			~ P
			PM 2:
ARTICLE IV SH 'he number of shares o	ARES		2: Pin
ne number of shares o	of stock is:		<u>u</u> 157
ARTICLE V IN	ITIAL OFFICERS AND/OR DIRECTOR	s	
	le: Phyllis S. Gessler-President		
Name and 1 it		Name and Title:	
Address	4744 11th Ave. N	Address;	
	St. Petersburg, FL 33713		
		-	
		-	
Name and Titl	e:	Name and Title:	
Address		Address:	
		<u></u>	
Name and Titl	e:	Name and Title:	
ivallic and Title			
Address		Address:	
			

Name an	d Title:	Name and Title:	
Address		Address:	
	REGISTERED AGENT lorida street address (P.O. Box NOT acceptable) Phyllis S. Gessler	of the registered agent is:	
Name:	4744 11th Ave. N	_	
Address:	St. Petersburg, FL 33713	_	
ARTICLE VII	INCORPORATOR	318.	
The <u>name and ac</u>	<u>Idress</u> of the Incorporator is:	AON - AON - ACT WE LIVE	70
Name:	Phyllis S. Gessler	_ - 22	=
Address:	4744 11th Ave. N		σ
	St. Petersburg, FL 33713	- 2: 81 15	
this certificate, I	am familiar with and accept the appointment as a Required Signature/Registered Agent	10/34/16 Date/16	
I submit this doc document to the	cument and affirm that the facts stated herein a Department of State constitutes a third degree fel Required Signature/Incorporator	re true. I am aware that the false information submitted in ony as provided for in s.817.155, F.S. 10 31 b	a