

JAN/13/2017 12:25 PM

FAX No.

P. 001

1/13/2017

P17000004012

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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FLORIDA PROFIT/NON PROFIT CORPORATION
GLOEL ENTERPRISES CORP

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

17 JAN 13 AM 11:02

Electronic Filing Menu

Corporate Filing Menu

T. BURCH
Help JAN 17 2017

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

ARTICLE I NAME GLOEL ENTERPRISES CORP
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address

Mailing address, if different is:

4500 SW 122 AVE MIAMI FL 33165

SAME

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful
Business.

ARTICLE IV SHARES 100
The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: GLORIA JUSTINIANI, PRES.

Name and Title:

Address 4500 SW 122 AVE
MIAMI, FL 33165

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE FLORIDA

Name and Title: _____ Name and Title: _____

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_____ARTICLE VI REGISTERED AGENT

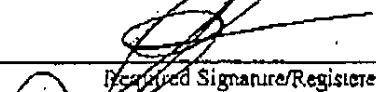
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: GLORIA JUSTINIANIAddress: 4500 SW 122 AVEMIAMI, FL 33165ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GLORIA JUSTINIANIAddress: 4500 SW 122 AVEMIAMI, FL 33165ARTICLE VIII EFFECTIVE DATE:Effective date, if other than the date of filing: 01/11/2017 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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 Agent01/11/2017_____
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.817.153, F.S.*

Required Signature/Incorporator01/11/2017_____
DateFILED
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TALLAHASSEE, FLORIDA