

Teresa Shar... 00-662-0275 02/10/2017 01:43:02 PM
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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (800) 345-4647
Fax Number : (800) 432-3622

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17 FEB -8 PM 3:02

****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
GLGI, INC.**

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

N. SAMS
FEB 10 2017

20F2

COVER LETTER

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

SUBJECT:GLGI, 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****PROM:** Capitol Services - Corporate Filings Team

Name (Printed or typed)

206 E. 9th St., Ste. 1300

Address

Austin TX 78701

City, State & Zip

IMPORTANT: The
email address entered
here will be utilized for
future annual report
notifications and
possibly other
NOTIFICATIONS from
the STATE to the
entity!

(800) 345-4647

Daytime Telephone number

allobera@grupolakas.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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

GLGI, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

10355 NW 36 STREET

SUITE 310

VIRGINIA GARDENS, FL 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO ENGAGE IN ANY LAWFUL PURPOSE PERMITTED
BY CORPORATIONS UNDER FLORIDA LAW.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: OTTO DEMETRIO LARAS R. Name and Title: DIRECTOR AND PRESIDENT

Address: 10355 NW 36 STREET Address:

SUITE 310

VIRGINIA GARDENS, FL 33160

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: Capitol Corporate Services, Inc.
Address: 155 Office Plaza Dr Ste A
Tallahassee FL 32301

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: OTTO BENETRIO LAKAS R.
Address: 6355 NW 30TH STREET, SUITE 310
VIRGINIA GARDENS, FL 33166

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 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

Barbara A. Kaufuss Barbara A. Kaufuss, Asst. Secretary on behalf
of Capitol Corporate Services, Inc. 2/8/17
Required Signature/Registered Agent 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.817.133, F.S.

[Signature] 2/7/17
Required Signature/Incorporator Date