

P170000/5592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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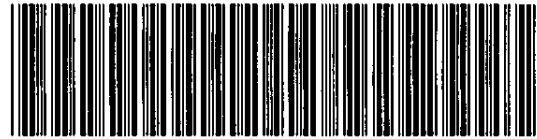
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 FEB 17 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02/21/17

COVER LETTER

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

SUBJECT: GLOBAL PARTNERS TRADING GROUP CORP
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: LEILA MOUSSA MEZHER

Name (Printed or typed)

1825 PONCE DE LEON BLVD. SUITE 323

Address

CORAL GABLES, FLORIDA 33134

City, State & Zip

Daytime Telephone number

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)

ARTICLE I NAME

The name of the corporation shall be: GLOBAL PARTNERS TRADING GROUP CORP.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1825 PONCE DE LEON BLVD. SUITE 323

CORAL GABLES, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

THE CORPORATION MAY ENGAGE OR TRANSACT IN ANY AND ALL LAWFUL ACTIVITIES OR

BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA

OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 1,000,000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEILA MOUSSA MEZHER

Name and Title: _____

Address PRESIDENT / DIRECTOR

Address: _____

1825 PONCE DE LEON BLVD.

SUITE 323 CORAL GABLES, FL 33134

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: LEILA MOUSSA MEZHER
Address: 1825 PONCE DE LEON BLVD. SUITE 323
CORAL GABLES, FL 33134

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LEILA MOUSSA MEZHER
Address: 1825 PONCE DE LEON BLVD. SUITE 323
CORAL GABLES, FL 33134

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

(X) [Signature]
Required Signature/Registered Agent

(X) 15-02-2017
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.817.155, F.S.

(X) [Signature]
Required Signature/Incorporator

(X) 15-02-2017
Date

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TALLAHASSEE, FLORIDA