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Florida Department of State
Division of Corporations
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DEPT. OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION GLOBAL TRADING 5002 INC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

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Mar 21 2018

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

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

SUBJECT: GLOBAL TRADING 5002 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

FROM: JORGE A LOPEZ-ACCOUNTANT (ACCT#15423)
Name (Printed or typed)
13701 SW 88 STREET STE 200A
Address
MIAMI FL 33186
City, State & Zip
305-388-8406
Daytime Telephone number
ACCOUNTINGFINANCIAL@HOTMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: GLOBAL TRADING 5002 INC

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address <u>1200 BRICKELL BAY DRIVE APT 3901</u> <u>MIAMI FL 33131</u>	Mailing address, if different is: <u>SAME</u>
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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO ENGAGE IN ANY LAWFUL ACTIVITY PERMITTED BY
THE LAWS OF THIS STATE.

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ARTICLE IV SHARES

The number of shares of stock is: 100 SHARES/\$1.00 PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>JHON AVILA-PRESIDENT</u> Address: <u>1200 BRICKELL BAY DRIVE APT 3901</u> <u>MIAMI FL 33131</u>	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ Address: _____
Name and Title: _____ Address: _____	Name and Title: _____ 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: JHON AVILA-PRESIDENT
 Address: 1200 BRICKELL BAY DRIVE APT 3901
MIAMI FL 33131

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 DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: JHON AVILA-PRESIDENT
 Address: 1200 BRICKELL BAY DRIVE APT 3901
MIAMI FL 33131

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 Jhon Avila G. _____ 03/19/18
 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.817.155, F.S.

x Jhon Avila G. _____ 03/19/18
 Required Signature/Incorporator Date