

P/8000053 102

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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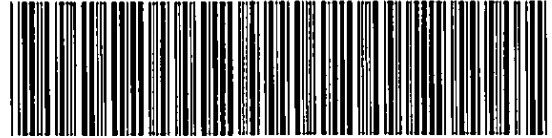
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE
JUN 15 2018

COVER LETTER

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

SUBJECT: GERES CONSULTING 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: THOMAS GERES
Name (Printed or typed)

3880 AMALFI DRIVE
Address

HOLLYWOOD, FL. 33021
City, State & Zip

305-299-2952
Daytime Telephone number

cinije@yahoo.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: GERES CONSULTING INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3880 AMALFI DRIVE

HOLLYWOOD, FL. 33021

Mailing address, if different is:

SAME AS ABOVE

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Hotel revenue management and operations.

ARTICLE IV SHARES

The number of shares of stock is: 500 shares at \$1.00 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas Geres - President

Address: 3880 Amalfi Drive

Hollywood, FL. 33021

Name and Title: Tanny Lim - Vice President

Address: 3880 Amalfi Drive

Hollywood, FL. 33021

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Charles Inije
Address: 3880 Amalfi drive
Hollywood, FL. 33021

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas Geres
Address: 3880 Amalfi drive
Hollywood, FL. 33021

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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

Required Signature/Registered Agent
06/09/2018
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.

Required Signature/Incorporator
06/09/2018
Date