P18000092816

(Req	uestor's Name)			
(Addi	ress)			
(AddA)	ress)			
(City/	/State/Zip/Phon	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 22, 2018

MARIA E. RUIZ 7750 SW 117TH AVE SUITE 201D MIAMI, FL 33183

SUBJECT: GSS CABINET INSTALLATION COMPANY

Ref. Number: W18000092225

We have received your document for GSS CABINET INSTALLATION COMPANY and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 818A00021600

10/11/18

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

Re: GSS Cabinet Installation Company

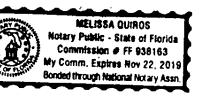
To Whom It May Concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Gilberto Sosa



COVER LETTER

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

GSS CA	BINET INSTALLATION COMPAN	NY			
SUBJECT:	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	JDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the arti	icles of incorporation and	l a check for:		
S70.00 Filing Fee	☐ \$78.75 Filing Fec & Certificate of Status	S78.75 Filing Fee & Certified Copy	S87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL CO)PY REQUIRED		
M/ FROM:	ARIA E. RUIZ	(Distance transf)			
	Nam	ne (Printed or typed)			
775	50 SW 117TH AVE SUITE 201D				
Address					
MIAMI FLORIDA 33183					
City, State & Zip					
305-595-2407					
	Daytime Telephone number				
MARIAQUIROS9@HOTMAIL.COM					
	E-mail address: (to be us	sed for future annual repor	t 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)

name of the corporat			
	IPAL OFFICE Principal street address	Mailing addres 7750 SW 117TH AVE S	s, if different is: SUITE 201D
AMLEL 33130		MIAMI FL 33183	
	DSE ANY AND he corporation is organized is:	<u> </u>	
			<u> </u>
			<u> </u>
TICLE IV SHAR number of shares of	ES 100 @ 1.00 EA		
TICLE V INITIA	GILBERTO SOSA PRESIDENT	Name and Title:	
TICLE V INITIA	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE	Name and Title:	
Name and Titl	GILBERTO SOSA PRESIDENT	Name and Title:	
Name and Titl Address	GILBERTO SOSA PRESIDENT e: 18738 SW 100 AVE MIAMI, FL 33157	Name and Title:Address:	
Name and Titl Address	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE	Name and Title: Address: Name and Title:	
Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE MIAMI, FL 33157	Name and Title: Address: Name and Title: Address:	
Name and Titl Address Name and Title	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE MIAMI, FL 33157	Name and Title: Address: Name and Title: Address:	1.1.Vil
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE MIAMI, FL 33157	Name and Title: Address: Name and Title: Address:	110 HOW 130 HO
Name and Title Address Name and Title Address	AL OFFICERS AND/OR DIRECTORS GILBERTO SOSA PRESIDENT 18738 SW 100 AVE MIAMI, FL 33157	Name and Title:	MIL STATE OF THE S

Name a	nd Title:	Name and Title:
Addres	ss	Address:
		
	~~~	
	REGISTERED AGENT	
The <u>name and I</u>	Florida street address (P.O. Box NOT acception of the GILBERTO SOSA	otable) of the registered agent is:
Name:	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Address:	18738 SW 100 AVE	
	MIAMI FL 33157	
ABMICIENT	NIGODDO I GOD	
	<u>INCORPORATOR</u>	
The name and a	address of the Incorporator is:	
Name:	GILBERTO SOSA	
Address:	18738 SW 100 AVE	
	MIAMI FL 33157	
ARTICLE VIII Effective date, i	EFFECTIVE DATE: f other than the date of filing:	. (OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific an	d cannot be more than five days prior or 90 days after the
Note: If the dat	te inserted in this block does not meet the ap	plicable statutory filing requirements, this date will not be listed as
	effective date on the Department of State's	
Having been na this certificate, I	imed as registered agent to accept service of I am familiar with and accept the appointme	f process for the above stated corporation at the place designated on the registered agent and agree to act in this capacity
		ii / 7/18 Date
	Required Signature/Registered Ap	gent Date
		rein are true. I am aware that the false information submitted in
cument to the	Department of State constitutes a third deg	1.1
;;	nired Signature/Incorporator	11/18
Keqi	aned Signature/Incorporator	Date