

To: 12/28/2018 10:00 AM Page 01/01

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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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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
G & A STUDIO MIA, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01

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SECRETARY OF STATE
TALLAHASSEE, FL

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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: G & A STUDIO MIA, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

16850 COLLINS AVE. # 112-717

SUNNY ISLES BEACH, FLORIDA 33160

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIA G. ARRIGONI, PRESIDENT

Name and Title: _____

Address 16850 COLLINS AVE. #112-717

Address: _____

SUNNY ISLES BEACH, FL 33160

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: MARK GERSTLE
Address: 2630 NE 203 STREET, STE 104
AVENTURA, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MARIA G. ARRIGONI
Address: 16850 COLLINS AVE. #112-717
SUNNY ISLES BEACH, FL 33160

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

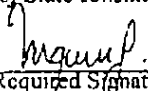


Required Signature/Registered Agent

12/19/18

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

12-20-18

Date

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