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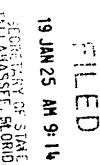
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COVER LETTER

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

SUBJECT: _____

SUBJECT:	(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)		
Enclosed are an orig	inal and one (1) copy of the ar	ticles of incorporation and	d a check for:
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	78.75 Frling Fee & Certified Copy ADDITIONAL CO	& Certificate of Status
FROM: Lyc	lia Juskin Nam	ne (Printed or typed)	
119	9 S. Federal Hwy #166		
	- Date: 51 22422	Address	
	ca Raton, Fl. 33432 City	y, State & Zip	
954	4216199		
المامة	Daytime @gliggroundworks.com	Teléphone number	
		ed 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)

<u>LE II PRIN</u>	CIPAL OFFICE	Mailing of	Idress, if different is:
Federal Hwy.	Principal street address		idiess, it different is.
Raton, Fl. 334	32		
	the corporation is organized is:	e Contractor	19 JAN
			25 M 9: 23 ASSEE, SLORI
			¥
TLE IV SIIA	<u>RES</u> 1,000,000 of stock is:		
mber of shares of	of stock is:	Name and Title:	
CLE V INIT	IAL OFFICERS AND/OR DIRECTORS tle: 1199 S. Federal Hwy. 4166	Name and Title:	
mber of shares of the shares of the share and Ti	of stock is: IAL OFFICERS AND/OR DIRECTORS tle: Lidia Juskin OFFICEL	Name and Title:	
The V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS tle: 1199 S. Federal Hwy. 4166	Name and Title: Address:	
The V INIT Name and Ti Address	IAL OFFICERS AND/OR DIRECTORS Lidia Juskin DFFICEL 1199 S. Federal Hwy. 166 Boca Raton, FL. 33432	Name and Title: Address: Name and Title: Address:	
The V INIT Name and Ti Address Name and Tit	IAL OFFICERS AND/OR DIRECTORS Lidia Juskin DFF Cel 1199 S. Federal Hwy. d 166 Boca Raton, FL. 33432	Name and Title: Address: Name and Title: Address:	
TLE V INIT Name and Ti Address Name and Tit Address	IAL OFFICERS AND/OR DIRECTORS Lidia Juskin DFA Cel 1199 S. Federal Hwy. d 166 Boca Raton, FL. 33432	Name and Title: Address: Name and Title: Address:	

Name a	nd Title:	Name and Title:
Addres	s	Address:
	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable	e) of the registered agent is:
Name:	Lidia Juskin	, , , , , , , , , , , , , , , , , , , ,
Address:	1199 S. Federal Hwy. #1660	
	Boca Raton, FL. 33432	LAHA
ARTICLE VII	<u>INCORPORATOR</u>	JAN 25 AM 9: 23 ALLAHASSEE. ELORID
The name and a	address of the Incorporator is:	S. S.
Name:	Lidia Juskin	DRID RID
Address:	1199 S. Federal Hwy. #166	<u>→</u>
	Boca Raton, FL. 33432	· · · · · · · · · · · · · · · · · · ·
APTICLE VIII	EFFECTIVE DATE: 1/1/19	
Effective date, i	f other than the date of filing:	. (OPTIONAL)
(If an effective filing.)	date is listed, the date must be specific and ca	nnot be more than five days prior or 90 days after
	te inserted in this block does not meet the applica effective date on the Department of State's recor	ble statutory filing requirements, this date will not be ds.
Having been no this certificate.	amed as registered agent to accept service of pro I am familiar with and accept the appointment as	cess for the above stated corporation at the place des registered agent and agree to act in this capacity
-	Required Signature/Registered Agent	
¥	\~\ <u>\</u>	Date
£	Required Signature/Registered Agent	Date
I submit this do		are true. I am aware that the false information subn