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Florida Department of State
Division of Corporations
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**FLORIDA PROFIT/NON PROFIT CORPORATION
GSBA SERVICES INC.**

Certificate of Status	0
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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: GSBA SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

18232 SW 147 AVE

MIAMI, FL 33187

Mailing address, if different is:

SAME

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: ALFREDO LEZCANO (P/D)

Address: 18232 SW 147 AVE

MIAMI, FL 33187

Name and Title: _____

Address: _____

Name and Title: SHEILA LEZCANO (S/D)

Address: 18232 SW 147 AVE

MIAMI, FL 33187

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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P. 003

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: ALFREDO LEZCANO
Address: 18232 SW 147 AVE
MIAMI, FL 33187

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ALFREDO LEZCANO
Address: 18232 SW 147 AVE
MIAMI, FL 33187

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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

5/13/2019
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.817.135, F.S.


Required Signature/Incorporator

5/13/2019
Date