## P19000066118

| (Requestor's Name)                      |  |  |  |  |
|---|--|--|--|--|
| (Address)                               |  |  |  |  |
| (Address)                               |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |
| (Document Number)                       |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |
|   |  |  |  |  |
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## **COVER LETTER**

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

| SUBJECT: G&     | &G PETCURAE, INC.                             |                                       |   |  |  |
|-----------------|---|---------------------------------------|---|--|--|
| SUBJECT:        | (PROPOSED CORPOR.                             | ATE NAME - MÜST INCL                  | <u>ŪDE SUFFIX</u> )   |  |  |
| Enclosed are an | original and one (1) copy of the ar           | ticles of incorporation and           | d a check for:  |  |  |
|                 | \$78.75 ee Filing Fee & Certificate of Status | ■ \$78.75 Filing Fee & Certified Copy | □ \$87.50 Filing Fee. Certified Copy & Certificate o Status |  |  |
|                 | ADDITIONAL COPY REC                           |                                       | PY REQUIRED   |  |  |
| FROM:           | Griselle J. Garcia                            | ne (Printed or typed)                 |   |  |  |
|                 | 1063 W 42nd Place                             |                                       |   |  |  |
|                 | Address                                       |                                       |   |  |  |
|                 | Hialeah, FL 33012                             |                                       |   |  |  |
|                 | City  | v, State & Zip                        |   |  |  |
|                 | (786) 577-0442                                |                                       | <u></u>   |  |  |
|                 | ·   | Telephone number                      |   |  |  |
|                 | Reinap64@gmail.com                            |                                       |   |  |  |

NOTE: Please provide the original and one copy of the articles.

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE I NAM The name of the corporate                    | $\frac{E}{E}$ ration shall be: $\frac{G\&G}{E}$  | E. INC.                      | 19 AUS 16 AH IR I                  |
|--|--|------------------------------|------------------------------------|
| ARTICLE II PRIN  |  |                              | Mailing address, if different is:  |
| Hialeah, FL 33012  |  |                              |                                    |
| ARTICLE III PURA The purpose for which dietary supplements | POSE  To development the corporation is organized is:  To development for pets (e.g., dogs, cats) and farm a | relop new medicinal onimals. | drug products, cosmetics, and      |
|  |  |                              |                                    |
|  |  |                              |                                    |
| ARTICLE IV SHA The number of shares  ARTICLE V INIT        | RES<br>of stock is: 1000<br>TAL OFFICERS AND/OR DIRECTORS<br>itle: Griselle J. Garcia, President             | Name and Title               | Orlando Alvarez Fuentes, Secretary |
| Address  | 1063 W 42 Place  | Address:                     | 307 SW 16th Ave. apt. 301          |
|  | Hialeah. FL 33012  |                              | Gainesville, FL 32601              |
| Name and Ti  |  |                              | :                                  |
| Address  | Miami, FL 33145  | Address:                     |                                    |
| Name and Ti  | tle:   | Name and Title               | :                                  |
| Address  |  | Address:                     |                                    |
|  |  |                              |                                    |

| Name a            | nd Title:   | Name and Title:                         | · · ·                                |
|-------------------|---|---|--------------------------------------|
| Address           |   |   | 19 AUG 15 AH IE                      |
|                   |   |   |                                      |
|                   |   | <u> </u>                                | <del></del>                          |
|                   |   |   |                                      |
|                   | REGISTERED AGENT Florida street address (P.O. Box NOT acceptable)   | e) of the registered agent is:          |                                      |
| Name:             | Griselle J. Garcia  |   |                                      |
| Address:          | 1063 W 42 Place   | <del></del>                             |                                      |
|                   | Hialeah, FL 33012   |   |                                      |
| ARTICLE VII       | <u>INCORPORATOR</u>   |   |                                      |
| The name and a    | address of the Incorporator is:   |   |                                      |
| Name:             | Orlando Alvarez Fuentes   |   |                                      |
| Address:          | 307 SW 16th Ave, apt. 301   |   |                                      |
|                   | Gainesville, FL 32601   |   |                                      |
| Effective date, i | if other than the date of filing: 08/01/2019 date is listed, the date must be specific and ea   | (OPTIONAL nnot be more than five days p | .)<br>prior or 90 days after the     |
|                   | te inserted in this block does not meet the applic effective date on the Department of State's reco   |   | s, this date will not be listed as   |
| this certificate, | amed as registered agent to accept service of profum familiar with and accept the appointment a Required Signature/Registered Agent ocument and affirm that the facts stated herein | s registered agent and agree to a       | oct in this capacity  OS/OI/19  Date |
|                   | e Department of State constitutes a third degree  |   | 55, F.S.                             |
| Req               | uired Signature Incorporator  |   | 08/01/19<br>Date                     |