

P19000075461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



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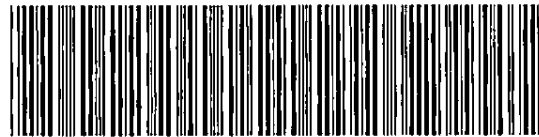
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: G & A WHOLESALERS, INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: FRANCIA GONZALEZ

Name (Printed or typed)

8875 MADRID CIRCLE

Address

NAPLES, FL 34104

City, State & Zip

239-302-0484

Daytime Telephone number

G.A.WHOLESALERSINC@GMAIL.COM

E-mail address: (to be used 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)

ARTICLE I NAME G & A WHOLESALERS, INC
The name of the corporation shall be: _____

<u>ARTICLE II PRINCIPAL OFFICE</u> Principal <u>street</u> address	Mailing address, if different is:
_____	_____
8875 MADRID CIRCLE	8875 MADRID CIRCLE
_____	_____
NAPLES, FL 34104	NAPLES, FL 34104
_____	_____

ARTICLE III PURPOSE FOR ANY AND ALL LAWFUL BUSINESS PURPOSES.
The purpose for which the corporation is organized is: _____

ARTICLE IV SHARES 500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: FRANCIA GONZALEZ - PRESIDENT	Name and Title: _____
Address: 8875 MADRID CIRCLE	Address: _____
NAPLES, FL 34104	_____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: FRANCIA GONZALEZ
Address: 8875 MADRID CIRCLE
NAPLES, FL 34104

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: FRANCIA GONZALEZ
Address: 8875 MADRID CIRCLE
NAPLES, FL 34104

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 10/05/2019 (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
10/05/2019
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.817.155, F.S.

Required Signature/Incorporator
10/05/2019
Date